







## STATE OF IDAHO

Office of the secretary of state, Lawerence Denney **ANNUAL REPORT** 

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$0.00

For Office Use Only

-FILED-

File #: 0004550508

Date Filed: 1/3/2022 2:07:44 PM

| Entity Name and Mailing Address: Entity Name:   |           | SREI, L.L.C.                               |              |
|---|-----------|--|--------------|
| Foreign Name (name in home jurisdiction):   |           | SREI, L.L.C.                               |              |
| The file number of this entity on the records of the Idaho Secretary                                  |           | 0000539796                                 |              |
| of State is:  |           | 0000339790                                 |              |
| Address   |           | 185 S CAPITAL AVE                          |              |
|   |           | IDAHO FALLS, ID 83402-3647                 |              |
| Entity Details:   |           |  |              |
| Entity Status   |           | Active-Existing                            |              |
| This entity is organized under the laws of:   |           | ARIZONA                                    |              |
| If applicable, the old file number of this entity on the records of the Idaho Secretary of State was: |           | W178410                                    |              |
| The registered agent on record is:  |           |  |              |
| Registered Agent  |           | ROBERT B POULSEN                           |              |
|   |           | Registered Agent                           |              |
|   |           | Physical Address                           |              |
|   |           | 185 S CAPITAL AVE<br>IDAHO FALLS, ID 83402 |              |
|   |           | Mailing Address                            |              |
|   |           | Mailing Address                            |              |
| Agent or Address Change   |           |  |              |
| Select if you are appointing a new agent.   |           |  |              |
| Limited Liability Company Managers and Members  |           |  |              |
| Name  | Title     | Busir                                      | ness Address |
| ALAN SPARKS   | Member    | 3130 CAROLYN LANE                          |              |
|   |           | AMMON, ID 83406                            |              |
| SHARLIE SPARKS  | Member    | 3130 CAROLYN LANE                          |              |
|   |           | AMMON, ID 83406                            |              |
| The annual report must be signed by an authorized signer of t   | he entity |  |              |
| Job Title: Accounting Assistant   |           |  |              |
| Ğ   |           |  |              |
| Barbara Winters   |           |  | 01/02/2022   |
|   |           |  | 01/03/2022   |
| Sign Here   |           |  | Date         |