



# Idaho Limited Liability Company Annual Report Form

File online at: [sos.idaho.gov](http://sos.idaho.gov)

Due no later than: 09/30/2019

Return completed form within 30 days to:

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83720

Phone: (208) 334-2300

**Annual Report: No filing fee if received by the due date.**

SOS Control Number: 52907

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 09/11/2000

Formation Locale: ID

## Name and Mailing Address:

(1) Add or Change Mailing Address:

NJB FARMS LIMITED LIABILITY COMPANY

2745 BREDDING RD

AMERICAN FALLS, ID 83211

## Registered Agent (RA) and Registered Office (RO) Address:

(2) Change RA and/or RO Address:

NICHOLAUS BETHKE

2745 BREDDING ROAD

AMERICAN FALLS, ID 83211

Note: The Registered Office address must be a physical Idaho address (no postal box).

## (3) New Registered Agent (RA) Signature:

*If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.*

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Nicholaus Bethke	2745 BREDDING RD	AMERICAN FALLS ID 83211
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	LARRY BETHKE	2745 BREDDING RD	AMERICAN FALLS ID 83211
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature

*Nicholaus Bethke*

(6) Date:

12/11/19

(7) Type/Print Name:

Nicholaus Bethke

(8) Title:

MGR.

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.