



## **Idaho Limited Liability Company Annual Report Form**

File online at: sos.idaho.gov

Due no later than: 09/30/2019

Dort Form

Return completed form within 30 days History of State

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street

Annual Report: No filing fee if received by the due date.					450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300			8/26/	
			Filing Status: Active-Exist Date Formed: 09/08/2016	g Status: Active-Existing e Formed: 09/08/2016 Formation					2019
Name and Mail COUSINS INN 6103 W FAIRVI BOISE, ID 837	LLC EW AVE			(1) Add or Change Mailing Address:					1:45 PM
Registered Age MAURICE K ST 6103 W. FAIRV BOISE, ID 8370	ARK IEW AVE	Registered O	ffice (RO) Address:	(2) Ch	ange RA and/or RO	O Address:			Received b
	Note	e: The Registere	d Office address must be a phy	sical Idah	no address (no po	stal box).			٠
(3) New Regist	ered Agent (R	RA) Signature							Ħ
			If a new agent is appointed in	item (2) ab	oove, the new agent r	must sign here	to acce	pt the appointn	nent.
(4) Limited Liabilit These will not be	y Companies: { accepted. Char	Enter names ar nges here will n	nd addresses of Managers OR ot affect the entity mailing add	Member	rs. Do NOT put 's more space is ne	same as las eded, pleas	t year' e add	or 'same as an attachme	ab nve
	Name		Business Addres	ss		City, Sta	te, Zip	)	Ď
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(5) Signature:	14. 5 f. B	h		(6) Dat	te: 26 Ay (	:19			aweren
(7) Type/Print Name: MAYAGO K STHEY. (8) Title: MEMIZER									D C 6

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