



# Idaho Limited Liability Company Annual Report Form

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

Due on/Before: 11/30/2018

Reporting Year: 2018

Return completed form within 30 days to

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83702

Phone: (208) 334-2300

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

If reinstatement is required, the reinstatement fee is \$30.00.

**SOS Control Number:** 482350

**Filing Status:** Active-Existing

**Limited Liability Company (D)**

**Date Formed:** 11/23/2015

**Formation Locale:** ID

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

DALE STOLLER FARRIER SERVICE LLC

32967 N SCENERY CT

ATHOL, ID 83801

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

(2) Change RA and/or RO Address:

DALE STOLLER

32967 N SCENERY CT

ATHOL, ID 83801

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

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

(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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Dale Stoller	32967 N. Scenery Court	Athol, ID 83801
<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:

*Dale Stoller*

(6) Date:

*Dec 3, 2018*

(7) Type/Print Name:

*Dale Stoller*

(8) Title:

*Owner*

**Instructions:** Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating.

Sign and date this form and return to the address provided above.

B0079-1926 01/18/2019 10:15 AM Received by ID Secretary of State Lawrence Denney