



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov



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

For Office Use Only

-FILED-

File #: 0005184443

Date Filed: 4/6/2023 10:39:00 AM

Due no later than: 05/31/2023

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

SOS Control Number: 4742466

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 05/11/2022

Formation Locale: ID

Name and Mailing Address:

Mandalay Market LLC
STE 100
8249 W OVERLAND RD
BOISE, ID 83709-2783

(1) Add or Change Mailing Address:

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

Sai Aung Tun Kham
9168 W BROGAN DR 102
BOISE, ID 83709

(2) Change RA and/or RO Address:

Sai Aung Tun Kham
8252 W. Stirrup Ct
Boise ID 83709

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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Sai Aung Tun Kham	8252 W. Stirrup Ct Boise ID	Boise ID 83709
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Sa Ngwe Bo Thein	7250 W. Poplar St	Boise ID 83704
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem		7125	
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Aung Tun Kham

(6) Date:

4/6/2023

(7) Type/Print Name:

Sai Aung Tun Kham

(8) Title:

Partner

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

B0787-2157 04/06/2023 10:39 AM Received by Office of the Idaho Secretary of State