



# 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: 242931

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 09/11/2008

Formation Locale: ID

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

MICKELSEN MANAGEMENT, LLC  
3094 ADDISON AVE E  
TWIN FALLS, ID 83301

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

(2) Change RA and/or RO Address:

JAY R MICKELSEN  
3094 ADDISON AVE E  
TWIN FALLS, ID 83301

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	JAY R. MICKELSEN	3094 ADDISON AVE E.	TWIN FALLS, ID 83301
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	KILA MICKELSEN	3094 ADDISON AVE E.	TWIN FALLS, ID 83301
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(5) Signature:

*Jay R. Mickelsen*

(6) Date:

9-24-19

(7) Type/Print Name:

JAY R. MICKELSEN

(8) Title:

MGR

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

B0357-0178 09/26/2019 8:54 AM Received by ID Secretary of State Lawrence Denney