



Idaho Limited Liability Company Annual Report Form For Office Use Only

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Boise, ID 83720

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Name and Mai SHOP PROPE 509 W VISTA E COEUR D ALE	RTY, LLC	· · · · · · · · ·		(1) Add or (Change Mailing	Address:		+ 0 1
Registered Ag SUZANNE A A 509 W VISTA D COEUR D ALE	DR NE, ID 83815) Address: dress must be a phy	`, ·	RA and/or RO			
(3) New Regist	tered Agent (RA) Signa		w agent is appointed in	ítem (2) above, t	he new agent m	ust sign here to acc	ept the appoi	intment.
	ty Companies: Enter name accepted. Changes here							
Manager/Member	Name		Business Addre	ss		City, State, Zi	р	0
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(5) Signature:	Sugarne a.	an	loiser	(6) Date:		7-20	22	9 0 1
(7) Type/Print Nam	e: Suzann	Je And	denson	(8) Title:	MAN	ngen		<u>(</u>
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Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.