



Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due no later than: 03/31/2019

Reporting Year: 2018

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: 1458

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 03/03/1994

Formation Locale: ID

Name and Mailing Address:

COLUMBIA 7 LIMITED LIABILITY COMPANY
2985 MAYFAIR RIDGE
LEWISTON, ID 83501

(1) Add or Change Mailing Address:

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

MICHAEL W. KAUFMAN
2985 MAYFAIR RIDGE
LEWISTON, ID 83501

(2) Change RA and/or RO Address:

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 checked="" type="checkbox"/> Mem	MICHAEL KAUFMAN	2985 MAYFAIR RIDGE	LEWISTON, ID. 83501
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	WILLIAM FELSTED	322 EAST HIGH DRIVE	SPOKANE, WA. 99203
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	DENNIS GUETTINGER	54 HARMS ROAD	PULLMAN, WA 99163
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	DELBERT REISENAUER	3055 HWY 95 SOUTH	MOSCOW, ID 83843
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	NICK DRUFFEL	PO BOX 115	COLTON, WA 99113
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	ED BROEMMELING	210 NORTH LINCOLN	MOSCOW, ID 83843
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	KENNETH CLYDE	1175 ZEITLER ROAD	MOSCOW, ID 83843
<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:

Michael Kaufman

(6) Date:

3-22-19

(7) Type/Print Name:

MICHAEL KAUFMAN

(8) Title:

(MEMBER) (MANAGER)

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

B0198-3600 03/25/2019 11:18 AM Received by ID Secretary of State Lawrence Denney