



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

Limited Liability Company (D)

Filing Status: Active-Existing

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 REISENHAUER | 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.