



# Idaho Limited Liability Company Annual Report Form

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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 #: 0005949016

Date Filed: 10/23/2024 3:24:00 PM

Due no later than: 10/31/2024

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

SOS Control Number: 19570

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 10/21/1996

Formation Locale: ID

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

SWEETHEART TREE, L.L.C. (THE)

351 S 3RD E

REXBURG, ID 83440-2501

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

(2) Change RA and/or RO Address:

LAYNE H DEARDEN

351 S 3RD E

REXBURG, ID 83440

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	Darren Dearden	1296 N. Crestmont Drive	Meridian, ID 83642
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Christy Dearden	351 S. 3 E.	Rexburg, ID 83440
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Amy Owen	40 E. Washington St. #3	Blackfoot, ID 83221
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Eric Dearden	170 E. Belmont Dr. #6	Salt Lake City, Utah 84111
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Jill Varner-Dearden	1043 E. 2180 North	Lehi, Utah 84043
<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			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Layne H. Dearden

(6) Date:

Oct. 21, 2024

(7) Type/Print Name:

Layne H. Dearden

(8) Title:

agent

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

B0932-9110 10/23/2024 3:24 PM Received by Office of the Idaho Secretary of State