



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 02/28/2022

For Office Use Only

-FILED-

ays to:

Idaho Secretary File #: 0004663819

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: 99569

Limited Liability Company (D)

Filing Status: Active-Existing

Date Formed: 02/25/2004

Formation Locale: ID

Name and Mailing Address:

HOSSNER FARMS, LLC
109 N 2ND W
SAINT ANTHONY, ID 83445-1422

(1) Add or Change Mailing Address:

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

(2) Change RA and/or RO Address:

LYNN HOSSNER
109 N 2ND W
ST ANTHONY, ID 83445

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	Lynn Hossner	109 N 2nd. West	St. Anthony, ID 83445
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Elizabeth Hossner	4735 Torrey Place,	Idaho Falls, ID 83404
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Linda Hossner	2094 N. Swainson Ave.	Meridian, ID 83646
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Janet Y. Mason	P0 Box 1316	Ward Cove, AK 99928
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Karl Hossner	P0 Box 2470	Colestrip, MT 59323
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Diane G. Dyer	7205 Castlesteads DR.	Aiken, SC 29803
<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:

(6) Date: 3-15-2022

(7) Type/Print Name:

Lynn Hossner

(8) Title: Mgr Member

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