

File: SOS # 102633

Due 04/30/2025

For Office Use Only

-FILED-

File #: 0006206164

Date Filed: 4/11/2025 1:52:00 PM

**Idaho Limited Liability Company Annual Report Form**File online at: sosbiz.idaho.gov**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.

Due no later than: 04/30/2025

SOS Control Number: 102633**Filing Status:** Active-Existing

Limited Liability Company (D)

Date Formed: 04/12/2004**Formation Locale:** ID**Name and Mailing Address:**

(1) Add or Change Mailing Address:

BEAU-REGARD GROUP, LLC
 SHARON COSTA DE BEAUREGARD
 PO BOX 52
 SUN VALLEY, ID 83353-0052

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

(2) Change RA and/or RO Address:

SHARON COSTA DEBEAUREGARD
 200 BALD MOUNTAIN RD APT B
 KETCHUM, ID 83340

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 type="checkbox"/> Mem	S. Costa de Beauregard	200 Bald Mountain Road B	Ketchum, ID 83340
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

Costa de Beauregard

Sharon Costa de Beauregard
Beau-Regard Group, LLC
PO Box 52
Sun Valley, Idaho 83353

April 8, 2025

← Mail

<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: Sharon Costa de Beauregard (6) Date: April 8, 2025
(7) Type/Print Name: Sharon Costa de Beauregard (8) Title: President

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

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