



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 04/30/2020

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

Dort Form

Return completed form within 30 days to:
Idaho Secretary of State

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83720

Annua	Report: No filing fee	if received by the due date.	Phone: (208) 334-2300	,
SOS Control Number: 605880 Limited Liability Company (D)		Filing Status: Active-Existir Date Formed: 04/20/2018	Formation Locale: ID	
Name and Mai CLASSIQUE A PO BOX 371 HAGERMAN, I	PARTMENTS, LLC (TH		(1) Add or Change Mailing Address:	
Registered Ag LYNNE D BEU 221 N ST W HAGERMAN, I	TLER	ed Office (RO) Address:	(2) Change RA and/or RO Address:	70 CO
(4) Limited Liabili	tered Agent (RA) Signa ity Companies: Enter nam	If a new agent is appointed in itemes and addresses of Managers OR Me	al Idaho address (no postal box). (2) above, the new agent must sign here to accept the appointments. Do NOT put 'same as last year' or 'same as. If more space is needed, please add an attachments.	as above <u>'</u>
Manager/Member	Name	Business Address	City, State, Zip	
Mgr Mem	LYNNE DE	Brutler 221 4. SI		332 F
Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem				
(5) Signature:	Lyne		(6) Date: 3-19-2020	
(7) Type/Print Nam		. Sign and date this form and return to the	(8) Title: DWMCF address provided above.	