

## 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

For Office Use Only

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| SOS Control Number: 4671403<br>Limited Liability Company (D)  |                         | Filing Status: Active-Exigonal Pate Formed: 03/04/202       | _                                  | ion Locale: ID   |
|---|-------------------------|---|------------------------------------|--|
| Name and Mailing Address:  1KH Performance Horses LLC  33525 ISLAND RD  PARMA, ID 83660                                 |                         |   | (1) Add or Change Mailing Address: |  |
| Registered Age<br>KRISTY YOUNG<br>33525 ISLAND<br>PARMA, ID 836   | RD                      | Office (RO) Address:  | (2) Change RA and                  | /or RO Address:  |
| (4) Limited Liabilit  | ered Agent (RA) Signatu | If a new agent is appointed in and addresses of Managers OR | item (2) above, the new a          | gent must sign here to accept the appointment<br>put 'same as last year' or 'same as about needed, please add an attachment. |
| Manager/Member Name   |                         | Business Addre  |                                    | City, State, Zip   |
| Mgr Mem | Kristy Yang             | 3 33525 6   | 0 0 0                              | Parma 10 83000   |
| (5) Signature:  | Lun X                   |   | (6) Date:                          | 873  |
| (7) Type/Print Name   | Kristy you              | log   | (8) Title:                         | ner  |

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