



# Idaho Limited Liability Company Annual Report Form

File online at: [SOSBIZ.idaho.gov](http://SOSBIZ.idaho.gov)

Due on/Before: 09/30/2018

Reporting Year: 2018

Return completed form within 30 days to:

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83702

Phone: (208) 334-2300

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

If reinstatement is required, the reinstatement fee is \$30.00.

**SOS Control Number:** 113419

**Filing Status:** Active-Existing

**Limited Liability Company (D)**

**Date Formed:** 09/29/2004

**Formation Locale:** ID

**Name and Mailing Address:**

STARVATION ACRES, LLC

315 EAMESHORE DR

HOPE, ID 83836

(1) Add or Change Mailing Address:

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

CARLEEN PRATT

315 EAMESHORE DRIVE

HOPE, ID 83836

(2) Change RA and/or RO Address:

Note: The Registered Office address must be a physical Idaho address (no postal box).

**(3) New Registered Agent (RA) Signature:**

(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	Carleen Pratt	315 Eameshore Dr	Hope, ID 83836
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Carleen J Pratt	315 Eameshore Dr	Hope, ID 83836
<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:

*Carleen D. Pratt*

(6) Date:

11-20-2018

(7) Type/Print Name:

Carleen D Pratt

(8) Title:

President

**Instructions:** Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating.

Sign and date this form and return to the address provided above.

B0027-5566 11/29/2018 9:02 AM Received by ID Secretary of State Lawrence Denney