



## **Idaho Limited Liability Company Annual Report Form**

File online at: sosbiz.idaho.gov

Due no later than: 08/31/2021

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

Return completed form within 30 days to: 00 Idaho Secretary of State
Attn: Annual Reports
450 North 4th Street
Boise, ID 83720
Phone: (208) 334-2300

| , za da dato   |                          |  |   | Phone: (208) 334-2300 |                                  |             |
|--|--------------------------|--|---|-----------------------|----------------------------------|-------------|
| SOS Control N<br>Limited Liability                           |                          | _  | Status: Active-Existing Formed: 08/24/2016  | Formation Locale: ID  |                                  | 1<br>1<br>1 |
| Name and Mai<br>HAMMRICH FA<br>2735 E LANCA<br>HAYDEN, ID 8  | MILY CABIN, L<br>STER RD | LC   | (1) A   | Add or Change Maili   | ng Address:                      |             |
| Registered Ag<br>LEONARD G H<br>2735 E LANCA<br>HAYDEN, ID 8 | AMMRICH<br>STER RD       | egistered Office (RC   | O) Address: (2) (   | Change RA and/or F    | RO Address:                      |             |
| (3) New Regist  (4) Limited Liabili These will not be        | ered Agent (R/           | A) Signature:  If a note that the state of t | ew agent is appointed in item (2) ses of Managers OR Membhe entity mailing address. | above, the new agent  | must sign here to accept the app | e as above  |
| Manager/Member   | Name                     |  | Business Address  |                       | City, State, Zip                 |             |
| Mgr  | Leonard<br>Beorgidane    | Hammrich<br>Hammrich   | 2735 E. Lancaste<br>2735 E Lancaste   |                       | Hayden Lake, I                   | D. \$3833   |
| (5) Signature: $\int$  | Leona                    | demnice<br>rd Hammr  | (6) C<br>Cich (8) T   | 44                    | y 26.2021<br>ger                 |             |