



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

-FILED-

File #: 0006038860

Date Filed: 12/30/2024 11:57:00 AM

Due no later than: 01/31/2025

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

SOS Control Number: 535944
Limited Liability Company (D)

Filing Status: Active-Existing
Date Formed: 01/18/2017

Formation Locale: ID

Name and Mailing Address:

ORCHARD LOFTS LLC
~~DEAN ANDERSON~~
~~3875 S TWILIGHT RISE WAY~~
~~MERIDIAN, ID 83642-7557~~

(1) Add or Change Mailing Address:

Orchard Lofts LLC
Daren W. Anderson
3490 S. Cobble Ave
Meridian, ID 83642

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

~~Kevin E Dimius~~
~~5680 E FRANKLIN RD SUITE 130~~
~~NAMPA, ID 83667~~

(2) Change RA and/or RO Address:

Daren Wayne Anderson
3490 S. Cobble Ave
Meridian, ID 83642

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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Daren Wayne Anderson	3490 S. Cobble Ave	Meridian, ID 83642
<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			
<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:

(6) Date:

12-24-24

(7) Type/Print Name:

Daren Wayne Anderson

(8) Title:

MEMBER

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

B0959-5482 12/30/2024 11:57 AM Received by Office of the Idaho Secretary of State