

Idaho Limited Liability Company Annual Report Form

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Mgr Mem

(7) Type/Print Name:

(5) Signature:

Return completed form within 30 days to:

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

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

Phone: (208) 334-2300

12/18/202 Filing Status: Active-Existing SOS Control Number: 5020553 Date Formed: 12/08/2022 Formation Locale: ID Limited Liability Company (D) (1) Add or Change Mailing Address: Name and Mailing Address: 9 Larrys Chevron LLC 404 12TH AVE RD NAMPA, ID 83686 Received (2) Change RA and/or RO Address: Registered Agent (RA) and Registered Office (RO) Address: JEFFREY CHARLES ALLEN NEWELL **404 12TH AVE RD** NAMPA, ID 83686 አዋ Note: The Registered Office address must be a physical Idaho address (no postal box). ႖ (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 T Q D 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 Newer Mar Mem 12th Avr. Rd 83484 ☐ Mgr ☐ Mem Mgr Mem Secretary Mgr Mem

(6) Date:

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

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