



0005322410

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***ANNUAL REPORT**

Idaho Secretary of State
 PO Box 83720
 Boise, ID 83720-0080
 (208) 334-2301
 Filing Fee: \$0.00

*For Office Use Only***-FILED-**

File #: 0005322410

Date Filed: 7/13/2023 4:35:25 PM

| Entity Name and Mailing Address: Entity Name: HARVEST CREEK DEVELOPERS LLC The file number of this entity on the records of the Idaho Secretary of State is: 0004825921 Address PO BOX 6004 TWIN FALLS, ID 83303-6004 | | | | | | | | | | | |
|---|--------|---|------|-------|------------------|---|--------|---|--|--------|---|
| Entity Details: Entity Status Active-Existing This entity is organized under the laws of: IDAHO If applicable, the old file number of this entity on the records of the Idaho Secretary of State was: | | | | | | | | | | | |
| The registered agent on record is: Registered Agent Gary N Nelson Registered Agent Physical Address 246 9TH AVE NORTH TWIN FALLS, ID, ID 83301 Mailing Address PO BOX 6004 TWIN FALLS, ID 83303-6004 | | | | | | | | | | | |
| Limited Liability Company Managers and Members <table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Business Address</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Gary N Nelson</td> <td>Member</td> <td>P.O. BOX 6004 TWIN FALLS, ID, ID 83303</td> </tr> <tr> <td><input checked="" type="checkbox"/> DAVID THIBAULT</td> <td>Member</td> <td>621 N COLLEGE RD STE 100 TWIN FALLS, ID 83301</td> </tr> </tbody> </table> | | | Name | Title | Business Address | <input checked="" type="checkbox"/> Gary N Nelson | Member | P.O. BOX 6004 TWIN FALLS, ID, ID 83303 | <input checked="" type="checkbox"/> DAVID THIBAULT | Member | 621 N COLLEGE RD STE 100 TWIN FALLS, ID 83301 |
| Name | Title | Business Address | | | | | | | | | |
| <input checked="" type="checkbox"/> Gary N Nelson | Member | P.O. BOX 6004 TWIN FALLS, ID, ID 83303 | | | | | | | | | |
| <input checked="" type="checkbox"/> DAVID THIBAULT | Member | 621 N COLLEGE RD STE 100 TWIN FALLS, ID 83301 | | | | | | | | | |
| The annual report must be signed by an authorized signer of the entity. Job Title: Member | | | | | | | | | | | |
| <i>Gary N Nelson</i> Sign Here | | <i>07/13/2023</i> Date | | | | | | | | | |