



## Idaho Limited Liability Company Annual Report Form

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Due no later than: 05/31/2019

Reporting Year: 2019

## Return completed form within 30 days to:

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

SOS Control Number: 288853 Filing Status: Active-Existing Limited Liability Company (D) Date Formed: 05/10/2010 Formation Locale: ID  Name and Mailing Address: JUDY BRUTZ LLC 4486 HAWTHORNE RD, #214 CHUBBUCK, ID 83202  Registered Agent (RA) and Registered Office (RO) Address: JUDITH L BRUTZ 4866 HAWTHORNE RD #214 CHUBBUCK, ID 83202  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	TE TOE	Due no later than: 05/31	/2019 Reporting Year: 2	019 Attn: Anni 450 North	ual Reports 4th Street	6.71
SOS Control Number: 288853 Filing Status: Active-Existing Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'.  (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.    Manageri Member   Mame   Margi Mem	Annua	I Report: No filing fee	if received by the due date	Boise, ID	33720	E
Limited Liability Companies: Enter names and addresses of Manager 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 Mem Magr Mem Mgr	Ailliua	Treport. No ming ree	il received by the due date.	Phone: (20	08) 334-2300	Hart Re
Limited Liability Company (D)  Name and Mailing Address:  JUDY BRUTZ LIC  4846 HAWTHORNE RD, #214  CHUBBUCK, ID 83202  Registered Agent (RA) and Registered Office (RO) Address:  JUDITH L BRUTZ  4846 HAWTHORNE RD #214  CHUBBUCK, ID 83202  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.  Managen/Member   Name   Business Address   City, State, Zip      Mgr   Mem     Mgr	SOS Control N	lumber: 288853	Filing Status: Active-Exis	ting		10 s 10 s 10 s
JUDY BRUTZ LLC  4846 HAWTHORNE RD, #214 CHUBBUCK, ID 83202  Registered Agent (RA) and Registered Office (RO) Address:  JUDITH L BRUTZ  4846 HAWTHORNE RD #214 CHUBBUCK, ID 83202  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  MMgr   Mem     Mgr   Mgr   Mgr   Mgr     Mgr   Mgr   Mgr   Mgr     Mgr   Mgr   Mgr   Mgr     Mgr   Mgr   Mgr   Mgr   Mgr   Mgr   Mg	Limited Liability Company (D)  Date Formed: 05/10/2010			Formation	Locale: ID	<u>"</u>
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(7) Type/Print Name Judith L. Brutz (8) Title: Managet	(5) Signature:	Judith L. B.	rute	(6) Date: 4/30	/19	
·	(7) Type/Print Nam	Judith L. B.	rute	(8) Title: Mana	ger	

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