



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-

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Due no later than: 01/31/2025

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

SOS Control Number: 5059001

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 01/05/2023

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

RJ'S BLUE COPPER BODY MASSAGER LLC
PO BOX 1322
EAGLE, ID 83616-1322

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

(2) Change RA and/or RO Address:

RONALD G NEWELL
11838 W ALFRED ST
BOISE, ID 83713

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 type="checkbox"/> Mem	NONE		
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input checked="" type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	RON NEWELL	PO BOX 1322	EAGLE ID 83616
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Ronald G Newell

(6) Date:

14 JAN 2025

(7) Type/Print Name:

RONALD G NEWELL

(8) Title:

OWNER

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

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