



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

Due no later than: 07/31/2023

SOS Control Number: 266491

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 07/20/2009

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

SHOP PROPERTY, LLC
509 W VISTA DR
COEUR D ALENE, ID 83815-8041

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

(2) Change RA and/or RO Address:

SUZANNE A ANDERSON
509 W VISTA DR
COEUR D ALENE, ID 83815

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 checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem | Norman J. Anderson | 509 W Vista Dr | Coeur d'Alene Id 83815 |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
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(5) Signature:

Norman J. Anderson

(6) Date:

6-27-2023

(7) Type/Print Name:

NORMAN J. ANDERSON

(8) Title:

MANAGER

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

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