



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](https://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-**

File #: 0005617034

Date Filed: 2/29/2024 10:18:00 AM

Due no later than: 03/31/2024

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

**SOS Control Number:** 4187273

**Filing Status:** Active-Existing

**Limited Liability Company (D)**

**Date Formed:** 03/01/2021

**Formation Locale:** ID

### Name and Mailing Address:

(1) Add or Change Mailing Address:

E.B. Sagan-Doyle LLC  
PO BOX 1056  
PARMA, ID 83660-1056

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

(2) Change RA and/or RO Address:

JIMMIE CHRISTINA HODGSON  
207 N 5TH ST  
PARMA, ID 83660

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	Jimmie Christina Hodgson	PO Box 1056	Parma, ID 83660
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

(6) Date:

(7) Type/Print Name:

(8) Title:

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

B0876-4464 02/29/2024 10:18 AM Received by Office of the Idaho Secretary of State