



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 04/30/2019

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

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

SOS Control Number: 41033

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 04/05/1999

Formation Locale: ID

Name and Mailing Address:

SAF T BUNK LLC. COM

399 MT MEADOWS RD

NAPLES, ID 83847

(1) Add or Change Mailing Address:

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

RAYMOND INVERNON

399 MT MEADOWS RD

NAPLES, ID 83847

(2) Change RA and/or RO Address:

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 checked="" type="checkbox"/> Mem	Bobby INVERNON	SAFTBUNK LLC	NAPLES ID 83847
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem		399 MT MEADOWS RD	NAPLES ID 83847
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem		NAPLES ID 83847	210 Twenty mile Rd
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem		BOUNDARY	BOUNDARY County
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	RAYMOND INVERNON	399 MT MEADOWS RD	NAPLES ID 83847
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem		NAPLES ID 83847	399 MT MEADOWS RD
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem		BOUNDARY	BOUNDARY
<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: Raymond Invernon

(6) Date: 4/26/19

(7) Type/Print Name: RAYMOND INVERNON

(8) Title: President

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

B0219-6512 04/29/2019 1:41 PM Received by ID Secretary of State Lawrence Denney