



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](http://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 #: 0005130259

Date Filed: 3/2/2023 9:46:00 AM

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

Due no later than: 03/31/2023

**SOS Control Number:** 452778

**Filing Status:** Active-Existing

**Limited Liability Company (D)**

**Date Formed:** 03/06/2015

**Formation Locale:** ID

### Name and Mailing Address:

BAKER COUNTRY MARKET, LLC  
7 N BAKER RD  
SALMON, ID 83467-5170

(1) Add or Change Mailing Address:

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

PAUL MILLER  
892 HIGHWAY 28  
SALMON, ID 83467

(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 checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Paul D. Miller	892 HWY 28	Salmon ID 83467
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Marie Miller	892 HWY 28	Salmon ID 83467
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Eric P. Miller	20 Wimpey Creek Rd.	Salmon ID 83467
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Michael Hostetter	15 Skinner Lane	Salmon ID 83467
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Rosetta Beachy	277 Red Rock Stage Rd	Salmon ID 83467
<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:

*Paul D. Miller*

(6) Date:

2-25-23

(7) Type/Print Name:

Paul D. Miller

(8) Title:

Managing Member

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

B0763-8448 03/02/2023 9:46 AM Received by Office of the Idaho Secretary of State