



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-

File #: 0005059713

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

Due no later than: 10/31/2022

SOS Control Number: 398338

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 10/17/2013

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

TERRACE DR-IN THEATRE, LLC

4011 LAKE AVE

CALDWELL, ID 83605-6755

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

(2) Change RA and/or RO Address:

ALICE ESTRADA

4011 LAKE AVE

CALDWELL, ID 83605

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	Ted Crofts	4011 Lake Ave	Caldwell, Id 83605
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Alice Estrada	4011 Lake Ave	Caldwell, ID 83605
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<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.