



## Idaho Limited Liability Company Annual Report Form

File online at: [sos.idaho.gov](http://sos.idaho.gov)

Due no later than: 03/31/2019

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

**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**

**SOS Control Number:** 257232

**Filing Status:** Active-Existing

Limited Liability Company (D)

**Date Formed:** 03/19/2009

**Formation Locale:** ID

**Name and Mailing Address:**

SOUTHFORK RIVER RANCH, L.L.C.  
3341 HIGHWAY 13  
STITES, ID 83552

**(1) Add or Change Mailing Address:**

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

C R MELGIN  
3341 HIGHWAY 13  
STITES, ID 83552

**(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	LANA LEE MELGIN	3341 Hwy 13	STITES ID 83552
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	ANDERSON MICHELL	3341 Hwy 13	STITES ID 83552
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	THOMAS DEMME	3341 Hwy 13	STITES ID 83552
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	SUSAN DEMME	3341 Hwy 13	STITES ID 83552
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	CHARLES MELGIN	3341 Hwy 13	STITES ID 83552
<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:**

5/10/19

**(7) Type/Print Name:**

CHARLES MELGIN

**(8) Title:**

CEO

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