







## STATE OF IDAHO

Office of the secretary of state, Lawerence Denney ANNUAL REPORT

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-FILED-

File #: 0004493962

Date Filed: 11/9/2021 7:53:42 PM

| Entity Name and Mailing Address:                                                  |                                 |                                             |            |
|-----------------------------------------------------------------------------------|---------------------------------|---------------------------------------------|------------|
| Entity Name:                                                                      |                                 | ROCK CREEK #10 LLC                          |            |
| The file number of this entity on the records of the Idaho Secretary of State is: |                                 | ry 0000306444                               |            |
| Address                                                                           |                                 | GLEN OLSEN                                  |            |
|                                                                                   |                                 | 3509 W BAVARIA ST                           |            |
|                                                                                   |                                 | EAGLE, ID 83616-6404                        |            |
| Entity Details:                                                                   |                                 |                                             |            |
| Entity Status                                                                     |                                 | Active-Existing                             |            |
| This entity is organized under the laws of:                                       |                                 | IDAHO                                       |            |
| If applicable, the old file number of th<br>Idaho Secretary of State was:         | is entity on the records of the | e W99031                                    |            |
| The registered agent on record is:                                                |                                 |                                             |            |
| Registered Agent                                                                  |                                 | OLSEN WHEELER CPAS PLLC<br>Registered Agent |            |
|                                                                                   |                                 | Physical Address                            |            |
|                                                                                   |                                 | 3509 W BAVARIA ST<br>EAGLE, ID 83616        |            |
|                                                                                   |                                 | Mailing Address                             |            |
|                                                                                   |                                 | 3509 W BAVARIA ST                           |            |
|                                                                                   |                                 | GLEN OLSEN<br>EAGLE, ID 83616-6404          |            |
| Agent or Address Change                                                           |                                 |                                             |            |
| Select if you are appointing a new agent.                                         |                                 |                                             |            |
| Limited Liability Company Managers and Members                                    |                                 |                                             |            |
| Name                                                                              | Title                           | Business                                    | Address    |
| Trisha Sears                                                                      | Manager                         | TRISHA SEARS                                |            |
|                                                                                   |                                 | 311 VILLAGE DR                              |            |
|                                                                                   |                                 | PMB 3128<br>TAMARACK, ID 83615              |            |
|                                                                                   |                                 |                                             |            |
| The annual report must be signed by an authorized signer of the entity.           |                                 |                                             |            |
| Job Title: Manager                                                                |                                 |                                             |            |
| Ğ                                                                                 |                                 |                                             |            |
| Trials Care                                                                       |                                 |                                             | 11/00/2021 |
| Trisha Sears                                                                      |                                 |                                             | 11/09/2021 |
| Sign Here                                                                         |                                 |                                             | Date       |