



# Idaho Limited Liability Company Annual Report Form

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

Due no later than: 10/31/2020

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: 300827

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 10/13/2010

Formation Locale: ID

**Name and Mailing Address:**

WILLIAMSON FAMILY, LLC  
3427 OVERLAND AVE  
BURLEY, ID 83318-3280

(1) Add or Change Mailing Address:

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

LYN ANN ARNELL  
3427 OVERLAND AVE  
BURLEY, ID 83318

(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	LYN ANN ARNELL	3427 OVERLAND AVE	BURLEY, ID. 83318
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	GLEN WILLIAMSON	BOX 244 289 MAIN	GEORGETOWN, ID 83239
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	CRAIG WILLIAMSON	2210 E. RUSSET RD	QUEEN CREEK, AZ 85142
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	LORNA KIMBALL	810 E NEWFIELD DR	SANDY, UT 84094
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	BRUCE WILLIAMSON	725 KEELE ST.	MONTPELIER, ID 83254
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	RICHARD WILLIAMSON	3333 LUNDBURG LN	PLOCATELLO, ID 83204
<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: *Lyn Ann Arnell*

(6) Date: 19 OCTOBER 2020

(7) Type/Print Name: LYN ANN ARNELL

(8) Title: MANAGER

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

B0538-7363 10/21/2020 12:13 PM Received by ID Secretary of State Lawrence Denney