



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 06/30/2020

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: 558084
Limited Liability Company (D)

Filing Status: Active-Existing
Date Formed: 06/12/2017

Formation Locale: ID

Name and Mailing Address:
NBDJ, L.L.C.
PO BOX 247
NAMPA, ID 83653-0247

(1) Add or Change Mailing Address:

Registered Agent (RA) and Registered Office (RO) Address:
DAVID J HOWERZYL
16800 ROSE BRIAR LN
NAMPA, ID 83687

(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	DAVID J. HOWERZYL	16800 ROSE BRIAR LANE NAMPA ID USA	83687-8428
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem	NICOLE B. HOWERZYL	16800 ROSE BRIAR LANE NAMPA ID USA	83687-8428
<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			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

(6) Date: 7-20-20

(7) Type/Print Name: DAVID J. HOWERZYL

(8) Title: MANAGER

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

B0521-3266 07/23/2020 10:20 AM Received by ID Secretary of State Lawrence Denney