



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 10/31/2019

Return completed form within 30 days to:

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Idaho Secretary of State Attn: Annual Reports 450 North 4th Street

Annua	Report: No filing fee if rec	eived by the due date.	Phone: (20	8) 334-2300	TI)
_		Filing Status: Active-Exist Date Formed: 10/19/2012	•	Formation Locale: ID	
Name and Mai DRAKE D. DIX 611 OLD POLL RIGGINS, ID 8	ON FAMILY, LLC OCK RD		(1) Add or Change Mail	ng Address:	
Registered Ag DRAKE D DIXO 611 OLD POLL RIGGINS, ID 8	OCK RD	fice (RO) Address:	(2) Change RA and/or F	RO Address:	
(4) Limited Liabili	ered Agent (RA) Signature: ty Companies: Enter names an	If a new agent is appointed in it d addresses of Managers OR I	em (2) above, the new agen Members. Do NOT put	ostal box). f must sign here to accept the appointm same as last year' or 'same as eeded, please add an attachmen	above.
Manager/Member	Name	Business Addres		City, State, Zip	
Mgr Mem	Drake P. Dixo Laky Peven. Dunya Grzeno	1 60% ON 16	Pollock Ro	Riggins ID 83 Riggins ID 833 Mt, Angelor 9730	O H
(5) Signature:	The Dip		(6) Date: No e	4 2019	per- land
(7) Type/Print Name	: Droke Dixc	N	(8) Title: Many	<i>\$ \(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</i>	To the second se