



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 09/30/2019

Dort Form Return completed form within 30 days light light

Idaho Secretary of State Attn: Annual Reports

Annual Report: No filing fee if received by the due date.				450 Nor Boise, II	Attn: Annual Reports 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300	
			4-14-1	Pnone: (208) 334-2300	
SOS Control No	ımber: 626260	Filing S	Status: Active-Exist	ing		2
Limited Liability Company (D) Date F		formed: 09/19/2018 Formation		on Locale: ID	9	
Name and Mail	ing Address:			(1) Add or Change M	lailing Address:	—
	CK SADDLES LL	С				••
2279 KEITHLEY CREEK RD						46
MIDVALE, ID 8	3646					h .
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Registered Agent (RA) and Registered Office (RO) Address:				(2) Change RA and/or RO Address:		মূ
MORRIS GENE	MATTOX	·				Θ
2279 KEITHLEY						(0 . ⊬·
MIDVALE, ID 8	3646					ceived
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	Note: Th	e Registered Office ac	ldress must be a physi	cal Idaho address (ne	postal box).	<u></u>
(3) New Registe	ered Agent (RA)	Sianaturo:				νς
(o) New Negisti	ered Agent (IVA)		ew agent is appointed in ite	em (2) above, the new ag	ent must sign here to acc	cept the appointment.
			ses of Managers OR Managers OR Managers			
Manager/Member	Name		Business Address	3	City, State, Z	ip i
Mgr Mem	Morris	G Mattox	2279 Keith	LXCr. Rd.	miduale	Ida, 83 64
Mgr Mem	Lenora	L. Mattox	2279 KeithL	y or Bd.	midvahe	IO4,836065
Mgr Mem			, ,	•		
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(5) Signature:	Jones J.	Mattox		(6) Date: 26.4	ry. 19	/mgz de
(7) Type/Print Name	9	2 Mattox		(8) Title:	ourner	/max =
Instructions: Legil	oly complete the form	above. Sign and date t	his form and return to the	e address provided abo		D D