



# Idaho Limited Liability Company Annual Report Form

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

Due no later than: 09/30/2021

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:** 434069

**Filing Status:** Active-Existing

**Limited Liability Company (D)**

**Date Formed:** 09/22/2014

**Formation Locale:** ID

**Name and Mailing Address:**

SELECT GOAT LLC

PO BOX 74

GEORGETOWN, ID 83239-0074

(1) Add or Change Mailing Address:

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

SAMUEL L HOLDER

659 STRINGTOWN RD

GEORGETOWN, ID 83239

(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 | Sam Holder   | 349 Hayes Lane   | Georgetown, ID 83239 |
| <input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem | Wendy Holder | 349 Hayes Lane   | Georgetown, ID 83239 |
| <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:

Wendy Holder

(6) Date:

8.20.2021

(7) Type/Print Name:

Wendy Holder

(8) Title:

Manager/Owner

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

B0628-5380 08/26/2021 10:32 AM Received by ID Secretary of State Lawrence Denney