



# Idaho Limited Liability Company Annual Report Form

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

Due no later than: 05/31/2021

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:** 163493

**Filing Status:** Active-Existing

**Limited Liability Company (D)**

**Date Formed:** 05/11/2006

**Formation Locale:** ID

**Name and Mailing Address:**

M G HOME CARE LLC  
738 W CEDAR POINTE WAY  
NAMPA, ID 83686-5581

(1) Add or Change Mailing Address:

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

MARIO A GONGORA  
738 W CEDAR POINTE WAY  
NAMPA, ID 83686

(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	Mario A. Gongora	738 W. Cedar Pointe Way	Nampa ID 83686
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

*[Signature]*

(6) Date:

04-26-21

(7) Type/Print Name:

Mario A. Gongora

(8) Title:

Owner/mgr

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

B0596-5720 04/29/2021 11:59 AM Received by ID Secretary of State Lawrence Denney