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Idaho Limited Liability Company Annu File online at: sos.idaho.gov Due no later than: 11/30/2019 Annual Report: No filing fee if received by the due date.			Report Form Return completed form with Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83720	7 11/0
L	umber: 440851	Filing Status: Active-Existing Date Formed: 11/26/2014	Phone: (208) 334-2300 Formation Locale: ID	8/2019
Name and Mail R & J BUSINES 5350 N NAVAH BOISE, ID 837	SS LLC IO WAY	(1)	Add or Change Mailing Address:	9:34 AM R
Registered Age JOAN ALLAN 211 W 40TH ST GARDEN CITY	т	ed Office (RO) Address: (2)	Change RA and/or RO Address:	eceived
	tered Agent (RA) Signa	If a new agent is appointed in item (2) above, the new agent must sign here to accep	
These will not be	accepted. Changes here	es and addresses of Managers OR Mem will not affect the entity mailing address.	If more space is needed, please add a	or 'same as p ove'. In attachme n t.
Manager/Member	Name Joan Allan Joan Allan Lunn Tai Micknel Allan		Way Barden lity," Way Darden lit	е 24.837/4 24.837/4 2.01.837/4 4.91.857/4 4.91.857/4 4.91.857/4 4.91.857/4 4.91.857/4 4.91.857/4 4.91.857/4 4.91.857/4 4.91.857/4 4.91.857/4 4.91.857/4 4.91.857/4 4.91.857/4 4.91.857/4 4.91.857/4 4.91.857/4 4.91.857/4 4.91.857/4 4.91.857/4 4.91.857/4 4.91.857/4 4.91.857/4 4.91.857/4 4.91.857/4 4.91.857/4 4.91.91.857/4 4.91.857/4 4.91.857/4 4.91.91.857/4 4.91.91.4 4.91.91.4 4.91.91.91.4 4.91.857/4 4.91.91.4 4.91.857/4 4.91.91.4 4.91.91.4 4.91.91.4 4.91.91.4 4.91.91.4 4.91.4 4.91.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 4.91.4 5.91.4 5.91.4 5.91.4 5.91.4 5.91.4 5.91.4 5.91.4 5.91.4 5.91.4

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

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Mgr Mem Mgr Mem

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Mgr Mem

(5) Signature:

(7) Type/Print Name:

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11-6-19 Manager

(6) Date:

(8) Title:

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