

(7) Type/Print Name:

## **Idaho Limited Liability Company Annual Report Form**

File online at: 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

Annual Report: No filing fee if received by the due date.				Boise, ID 83720 Phone: (208) 334-2300	
SOS Control N	umber: 243998	Filing	Status: Active-Existing	3	
Limited Liability Company (D) Date		ormed: 09/26/2008	Formation Locale: ID		
Name and Mail SETTLER'S RIL PO BOX 30818 SPOKANE, WA	OGE ESTATES, LLC		(*	1) Add or Change Mail	ing Address:
Registered Agr FONDA L JOVI 119 MAIN ST S PRIEST RIVER	UITE 201	ered Office (RC	O) Address:	2) Change RA and/or f	RO Address:
(4) Limited Liabilit	ered Agent (RA) Sign	nature:	ses of Managers OR Mer	2) above the new agen	t must sign here to accept the appointment. 'same as last year' or 'same as above'. eeded, please add an attachment.
Manager/Member	Name	<u> </u>	Business Address		City, State, Zip
Mgr Mem	PATRICK J.	Prentiu	PO BUX 30.	818	3p.kane, W. 44223
(5) Signature.	13A	- u	(6	B) Date Aug	42021

(8) Title

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