



# Idaho Limited Liability Company Annual Report Form

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

Due no later than: 10/31/2019

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:** 362320

**Filing Status:** Active-Existing

**Limited Liability Company (D)**

**Date Formed:** 10/04/2012

**Formation Locale:** ID

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

HSDZNR LLC

PO BOX 170253

BOISE, ID 83717-0253

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

(2) Change RA and/or RO Address:

JUDY ALTMAN

6546 WAGON ST

BOISE, ID 83716

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	JUDY ALTMAN	6546 WAGON ST	BOISE ID 83716
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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**(5) Signature:**

**(6) Date:** 9-20-19

**(7) Type/Print Name:**

**(8) Title:** MANAGER

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

B0322-6799 09/24/2019 8:56 AM Received by ID Secretary of State Lawrence Denney