



# Idaho Limited Liability Company Annual Report Form

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

Due no later than: 10/31/2021

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: 477080

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 10/06/2015

Formation Locale: ID

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

LABRADOR STORE & MORE LLC (THE)

STE 143

210 E SHERMAN AVE

COEUR D ALENE, ID 83814-2751

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

(2) Change RA and/or RO Address:

LEANNE WUEST

210 E SHERMAN AVE STE 143

COEUR D ALENE, ID 83814

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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Leanne Wuest	210 E Sherman Ave	Coeur d'Alene
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem		#143	ID
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem		Id	83814
<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			
<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			

(5) Signature:

Leanne Wuest

(6) Date:

9/28/2021

(7) Type/Print Name:

Leanne Wuest

(8) Title:

Owner member

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

B0626-8411 10/05/2021 12:46 PM Received by ID Secretary of State Lawrence Denney