



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 07/31/2019

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: 561535

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 07/17/2017

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

HORLACHER LANDSCAPING & PROPERTY MANAGEMENT LLC
211 COURTLIN CT
PRIEST LAKE, ID 83856

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

(2) Change RA and/or RO Address:

SHANE HORLACHER
211 COURTLIN CT
PRIEST LAKE, ID 83856

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	Shane Horlacher	211 Courtlin Ct	Priest Lake, ID 83856
<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			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature: *Shane Horlacher*

(6) Date: 7-27-19

(7) Type/Print Name: Shane Horlacher

(8) Title: Registered Agent

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

B0291-7991 07/31/2019 9:23 AM Received by ID Secretary of State Lawrence Denney