



Idaho Limited Liability Company Annual Report Form

Mgr Mem Bobilt 6 Kforse	en 6333 Holliyan	Dr Boist, ID 83709
Manager/Member Name	Business Address	City, State, Zip
These will not be accepted. Changes here v	vill not affect the entity mailing address. If n	s. Do NOT put 'same as last year' or 'same as abov nore space is needed, please add an attachment.
(3) New Registered Agent (RA) Signat	ture:	
Note: The Regis	stered Office address must be a physical Idah	o address (no postal box).
Registered Agent (RA) and Registered SYNERGY CORPORATE SERVICES L 921 S ORCHARD ST STE G BOISE, ID 83705	. •• (•)	ange RA and/or RO Address:
AIRPORT 87 LLC 921 S ORCHARD ST SUITE G BOISE, ID 83705		
Name and Mailing Address:	(1) Ado	or Change Mailing Address:
SOS Control Number: 364152 Limited Liability Company (D)	Filing Status: Active-Existing Date Formed: 10/29/2012	Formation Locale: ID
Annual Report: No filing fee if receive If reinstatement is required, the reinstatement		Boise, ID 83702 Phone: (208) 334-2300
Due on/Before: 10/31/20	· ·	Idaho Secretary of State Attn: Annual Reports 450 North 4th Street
REPRESENTATION FILE OFFICE ALL SOCKILL IN	Tano dov	Return completed form Within 30 navs for

Mgr Mem 6333 Helli Synny Mgr Mem Mgr Mem Mgr Mem Mgr Mem State Mgr Mem (6) Date: /2~//- / & (5) Signature: (8) Title: Menber (7) Type/Print Name:

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating. Sign and date this form and return to the address provided above.

Lawerence Denney