

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

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For Office Use Only

B0959-9602 01/30

## -FILED-

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Due no later than: 12/31/2024

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 N<br>Limited Liability  |  | ng Status: Active-Existing<br>e Formed: 12/21/2016          | Formation L            | ocale: ID   |                                    |
|---|--|---|------------------------|---|------------------------------------|
| Name and Mai<br>PINE STREET<br>PO BOX 174<br>PRINCETON, II  | HILL, LLC  | (1  | ) Add or Change Mailin | g Address:  | 9:48 AM                            |
| GREGORY V E<br>1136 BEAR CR<br>PRINCETON, II  | REEK RD D 83857  Note: The Registered Office Rered Agent (RA) Signature:   | e address must be a physical                                |                        |   | TO COMMENT HERE                    |
|   | ty Companies: Enter names and addi<br>accepted. Changes here will not affe | resses of Managers OR Mem<br>ct the entity mailing address. | nbers. Do NOT put 's   | same as last year' or 'same as<br>eded, please add an attachm | ———H<br>s above'片                  |
| Manager/Member  Mgr Mem  Mgr Mem | Name Covegory Evans Re. L. V. Trus   | Business Address  1136 Bear Cire                            | et Road                | City, State, Zip  Onincoton, In 83                            | 857#<br>                           |
| (5) Signature:  | Tregory Evans  | <u> </u>  | Date: 1-17             | -25<br>tend Agent   | ر<br>الاستان<br>الاستان<br>الاستان |
| Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.  |  |   |                        |   |                                    |