



Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 08/31/2017

Reporting Year: 2017

Return completed form within 30 days to:

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83702

Phone: (208) 334-2300

Annual Report: No filing fee if received by due date.

If reinstatement is required, the reinstatement fee is \$30.00.

SOS Control Number: 515015

Filing Status: Inactive-Dissolved
(Administrative)

☒ Reinstatement Entity (\$30 fee)

Limited Liability Company (D)

Date Formed: 08/01/2016

Formation Locale: ID

Name and Mailing Address:

ZAMORA EXPRESS LLC
4663 S ENTERPRISE ST
BOISE, ID 83705

(1) Add or Change Mailing Address:

1102 Pintail ST
Fruitland, Id 83619

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

NO AGENT

AGENT RESIGNED OR INVALID

BOISE, ID 83702 (ADA)

(2) Change RA and/or RO Address:

Eddie Zamora 1102 Pintail ST.
Fruitland, Id 83619

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

(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 checked="" type="checkbox"/> Mem	Eddie Zamora	1102 Pintail ST	Fruitland, Id 83619
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Eddie Zamora

(6) Date:

11-17-2018

(7) Type/Print Name:

Eddie Zamora

(8) Title:

Owner

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.

B0027-5369 11/27/2018 9:32 AM Received by ID Secretary of State Lawrence Denney