



# Idaho Limited Liability Company Annual Report Form

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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

For Office Use Only

**-FILED-**

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

SOS Control Number: 430837

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 08/20/2014

Formation Locale: ID

**Name and Mailing Address:**

RALPH HARA PAINTING LLC  
PO BOX 3797  
KETCHUM, ID 83340-3721

(1) Add or Change Mailing Address:

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

RALPH HARA  
1330 ASPEN VALLEY DR  
HAILEY, ID 83333

(2) Change RA and/or RO Address:

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 | Ralph Hara | 1330 Aspen Valley Dr. | Hailey, Id. 83333 |
| <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            |            |                       |                   |
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| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |            |                       |                   |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |            |                       |                   |

(5) Signature: Ralph Hara

(6) Date: Aug. 12 2024

(7) Type/Print Name: Ralph Hara

(8) Title: Owner / Manager

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

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