



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 10/31/2019

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: 177842

Filing Status: Active-Existing

Limited Liability Company (LD)

Date Formed: 10/18/2006

Formation Locale: ID

Name and Mailing Address:

EMORY PROPERTIES, LLC

1629 E STADLER COURT

EAGLE, ID 83616

(1) Add or Change Mailing Address:

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

VONNIE M EMORY

1629 E STADLER COURT

EAGLE, ID 83616

(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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Piper Emory	1012 Augusta Dr.	Nampa, Ida. 83686
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Jeff Emory	4444 So. Redhawk Dr.	Boise, Ida. 83746
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Stan Emory	P.O. Box 308	Dry Creek, La. 70637
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Steve Emory	1302-2nd St.	La Grande, Ore. 97850
<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:

Vonnie Emory

(6) Date:

10-10-19

(7) Type/Print Name:

Vonnie Emory

(8) Title:

Soc. / Treas.

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

B0357-3567 10/17/2019 11:35 AM Received by ID Secretary of State Lawrence Denney