

Idaho Limited Liability Company Annual Report Form

State

AT THE	i iiaaaii iaaiia ii iaai Return completed form w	ithin 30 days to:	
	Idaho Secretary of State Attn: Annual Reports		For Office Use Only
	450 North 4th Street		-FILED-
***	Boise, ID 83720		File #: 0005503299
	Phone: (208) 334-2300		Date Filed: 12/6/2023 9:33:00 AM
Annua	I Report: No filing fee if re	ceived by the due date.	Due no later than: 11/30/2023
SOS Control N	lumber: 3672124	Filing Status: Active-Existing	
imited Liability	Company (D)	Date Formed: 11/07/2019 Fo	rmation Locale: ID
Name and Mai	iling Address: e Reconnect, LLC	(1) Add or Ch	ange Mailing Address:
STE 106	e Neconnect, LLC		
1112 W MAIN :	ST		
BOISE, ID 837	02-5137		
Registered Aa	ent (RA) and Registered O	Office (RO) Address: (2) Change R	A and/or RO Address:
Bobbi Bullock	(· - · / ···· · · · · · · · · · · · · · ·	(v.e., v.a.a., e.e., v., e.e., v., e.e., e.e	
1112 W MAIN	ST STE 106		
BOISE, ID 837	702		
	Note: The Registere	ed Office address must be a physical Idaho addr	ess (no postal box).
(2) Nov. Do -:-		ed Office address must be a physical Idaho addr	ess (no postal box).
(3) New Regis	Note: The Registere	e:	
	tered 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 Liabili	tered Agent (RA) Signature	e:	new agent must sign here to accept the appointment. NOT put 'same as last year' or 'same as abo
4) Limited Liabili hese will not be Manager/Member	ity Companies: Enter names a accepted. Changes here will r	If a new agent is appointed in Item (2) above, the nd addresses of Managers OR Members. Do not affect the entity mailing address. If more specific business Address	new agent must sign here to accept the appointment NOT put 'same as last year' or 'same as abo pace is needed, please add an attachment. City, State, Zip
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Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.