



Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 11/30/2018

Reporting Year: 2018

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: 577818

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 11/13/2017

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

KRAUSE & NEAL LLC
1813 NORTH KEYSTONE CRT #25
POST FALLS, ID 83854

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

(2) Change RA and/or RO Address:

KATHERINE NEAL
1813 NORTH KEYSTONE CRT #25
POST FALLS, ID 83854

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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Katherine Neal	930 Ironwood Dr	CDA, ID 83814
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Kelly Smith	930 Ironwood Dr	CDA, ID 83814
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Bradley Krause	930 Ironwood Dr	CDA, ID 83814
<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:

(6) Date: 12/28/2018

(7) Type/Print Name:

Katherine Neal

(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.

B0079-1402 01/02/2019 11:59 AM Received by ID Secretary of State Lawrence Denney