



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov



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-

File #: 0004925105

Date Filed: 9/26/2022 3:59:00 PM

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

Due no later than: 09/30/2022

SOS Control Number: 476310

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 09/29/2015

Formation Locale: ID

Name and Mailing Address:

M. LYNNIE JOHNSON, L.L.C.

PO BOX 247

NAMPA, ID 83653-0247

(1) Add or Change Mailing Address:

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

PHILIP A PETERSON

5700 E FRANKLIN RD STE 200

NAMPA, ID 83687

(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	Monty Moore-Johnson	P.O. Box 156	Nampa, ID
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			83653-0156
<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			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Monty Moore-Johnson

(6) Date:

6/3/2022

(7) Type/Print Name: Monty Moore-Johnson

(8) Title: Member

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

B0736-2956 09/26/2022 3:59 PM Received by Office of the Idaho Secretary of State