



# Idaho Limited Liability Company Annual Report Form

File online at: [sos.idaho.gov](http://sos.idaho.gov)

Due no later than: 01/31/2020

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: 591099

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 01/30/2018

Formation Locale: ID

**Name and Mailing Address:**

PREVENTATIVE MEDICINAL APPLICATIONS LLC

8484 W IRVING LN

BOISE, ID 83704-9661

(1) Add or Change Mailing Address:

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

JOHN WARBURTON

8484 W IRVING LN

BOISE, ID 83704

(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 | John Warburton | 8484 W. IRVING LANE | BOISE ID 83704   |
| <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:

(6) Date:

(7) Type/Print Name:

(8) Title:

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

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