



Idaho Limited Liability Company Annual Report Form

For Office Use Only

File online at: sosbiz.idaho.gov

Due no later than: 04/30/2022

Return completed **-FILED-** 0 days

Idaho Secretary of

Attn: Anna File #: 0005647600

450 North 4th Date Filed: 3/14/2024 12:01:00 PM

Boise, ID 83720

Phone: (208) 334-2300

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

SOS Control Number: 603310

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 04/09/2018

Formation Locale: ID

Name and Mailing Address:

771 FORWARD, LLC

420 S BITTERROOT DR

BOISE, ID 83709-0805

(1) Add or Change Mailing Address:

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

DOUGLAS MICHAEL PRESTON

420 S BITTERROOT DR

BOISE, ID 83709

(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 a. 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	DOUGLAS MICHAEL PRESTON	420 BITTERROOT DR	Boi, ID. 83709
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	DUANE AMYX	6184 W. HOLLYWOOD DR	Boi, ID. 83709
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	PAUL HUDSON	8694 W. HIGH RIDGE LN	EAGLE ID. 83616
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	ART STEVENS	218 12TH AVE S.	NAWAHA ID. 83651
<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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