



## STATE OF IDAHO

*Office of the secretary of state, Phil McGrane*  
**ANNUAL REPORT**

Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301  
Filing Fee: \$0.00

*For Office Use Only*

-FILED-

File #: 0005753416

Date Filed: 6/3/2024 7:23:57 AM

| Entity Name and Mailing Address:  |   |   |      |       |                  |  |         |   |
|---|---|---|------|-------|------------------|--|---------|---|
| Entity Name:  | Idaho Sisters in Crime LLC  |   |      |       |                  |  |         |   |
| The file number of this entity on the records of the Idaho Secretary of State is:   | 0005333355  |   |      |       |                  |  |         |   |
| Address   | PO BOX 45116<br>BOISE, ID 83711   |   |      |       |                  |  |         |   |
| Entity Details:   |   |   |      |       |                  |  |         |   |
| Entity Status   | Active-Existing   |   |      |       |                  |  |         |   |
| This entity is organized under the laws of:   | IDAHO   |   |      |       |                  |  |         |   |
| If applicable, the old file number of this entity on the records of the Idaho Secretary of State was:   |   |   |      |       |                  |  |         |   |
| The registered agent on record is:  |   |   |      |       |                  |  |         |   |
| Registered Agent  | ALL DAY \$49 IDAHO REGISTERED AGENT LLC<br>Commercial Registered Agent<br>Physical Address<br>784 S CLEARWATER LOOP STE F<br>POST FALLS, ID 83854<br>Mailing Address<br>784 S CLEARWATER LOOP STE F<br>POST FALLS, ID 83854 |   |      |       |                  |  |         |   |
| Agent or Address Change   |   |   |      |       |                  |  |         |   |
| <input type="checkbox"/> Select if you are appointing a new agent.  |   |   |      |       |                  |  |         |   |
| Limited Liability Company Managers and Members  |   |   |      |       |                  |  |         |   |
| <table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Business Address</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Sherry Briscoe</td> <td>Manager</td> <td>6040 N PINTAIL WAY<br/>GARDEN CITY, ID 83714</td> </tr> </tbody> </table> |   |   | Name | Title | Business Address | <input checked="" type="checkbox"/> Sherry Briscoe | Manager | 6040 N PINTAIL WAY<br>GARDEN CITY, ID 83714 |
| Name  | Title   | Business Address                            |      |       |                  |  |         |   |
| <input checked="" type="checkbox"/> Sherry Briscoe  | Manager   | 6040 N PINTAIL WAY<br>GARDEN CITY, ID 83714 |      |       |                  |  |         |   |
| The annual report must be signed by an authorized signer of the entity.   |   |   |      |       |                  |  |         |   |
| Job Title: Secty/Treas  |   |   |      |       |                  |  |         |   |
| <i>Cheryl Flinn</i>   |   |   |      |       |                  |  |         |   |
| Sign Here   |   |   |      |       |                  |  |         |   |
| <i>06/03/2024</i>   |   |   |      |       |                  |  |         |   |
| Date  |   |   |      |       |                  |  |         |   |