



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: 366792

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 11/30/2012

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

WIDE RIVER, LLC
432 S WIDE RIVER RD
POST FALLS, ID 83854

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

(2) Change RA and/or RO Address:

SHERMAN L STAPLETON
432 S WIDE RIVER RD
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	Sherman L Stapleton	Wide River LLC	Post Falls, ID 83854
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem		432 S Wide River Rd	
<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:

Sherman L Stapleton

(6) Date:

11-19-2018

(7) Type/Print Name:

Sherman L Stapleton

(8) Title:

Member

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.

B0027-5105 11/21/2018 3:32 PM Received by ID Secretary of State Lawrence Denney