



# Idaho Limited Liability Partnership Annual Report Form For Office Use Only

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Due no later than: 03/31/2022

Return complete **-FILED-** 30 days to:  
Idaho Secretary  
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**Annual Report: No filing fee if received by the due date.**

**SOS Control Number:** 4853  
Limited Liability Partnership (D)

**Filing Status:** Active-Existing  
**Date Formed:** 03/13/2001

**Formation Locale:** ID

**Name and Mailing Address:**

ALEXACON LLP  
PO BOX 3127  
KETCHUM, ID 83340-3121

(1) Add or Change Mailing Address:

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

LINDA D WOODCOCK  
371 W RIVER ST UNIT 5  
KETCHUM, ID 83340

(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 Partnerships: Enter names and addresses of 2 or more Partners. 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.

Name	Business Address	City, State, Zip
Linda D. Woodcock	PO Box 3127	Ketchum, ID 83340
Kirsten H. Terra	PO Box 3127	Ketchum, ID 83340
Lindsay A. Woodcock	PO Box 3127	Ketchum, ID 83340

(5) Signature: Linda D. Woodcock

(6) Date: 3/20/22

(7) Type/Print Name: LINDA D. WOODCOCK

(8) Title: manager Alexacon LLP

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

B0685-2855 03/28/2022 11:11 AM Received by ID Secretary of State Lawrence Denney