



# Idaho Limited Liability Company Annual Report Form

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

Due no later than: 07/31/2019

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: 61807

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 07/16/2001

Formation Locale: ID

## Name and Mailing Address:

(1) Add or Change Mailing Address:

ANCHORED INVESTMENTS L.L.C.

1177 N EAGLE RD

EAGLE, ID 83616

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

(2) Change RA and/or RO Address:

MICHAEL HIGGINSON

1177 N EAGLE RD

EAGLE, ID 83616

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	Michael Higginson	1177 N Eagle Rd	Eagle, ID 83616
<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			
<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:

(6) Date: 7/16/19

(7) Type/Print Name: Michael Higginson

(8) Title: RA

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

B0291-7985 07/31/2019 9:21 AM Received by ID Secretary of State Lawrence Denney