



Idaho Limited Liability Company Annual Report Form

oort Form Return completed form within 30 days to labor lab File online at: SOSBIZ.idaho.gov Idaho Secretary of State Due on/Before: 12/31/2018 Reporting Year: 2018 12/19/2018 Attn: Annual Reports 450 North 4th Street Annual Report: No filing fee if received by due date. Boise, ID 83702 If reinstatement is required, the reinstatement fee is \$30.00. Phone: (208) 334-2300 SOS Control Number: 66322 Filing Status: Active-Existing Limited Liability Company (D) Date Formed: 12/21/2001 Formation Locale: ID Name and Mailing Address: (1) Add or Change Mailing Address: PETER L. STURDIVANT, L.L.C. PO BOX 968 HAILEY, ID 83333 Received (2) Change RA and/or RO Address: Registered Agent (RA) and Registered Office (RO) Address: PETER L STURDIVANT 200 ASPEN LAKES DR HAILEY, ID 83333 Note: The Registered Office address must be a physical Idaho address (no postal box). አዋ (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 about These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment. 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 **Business Address** City, State, Zip Mgr Mem PETER L. STURDIVANT P.O. BOX 968 Mgr Mem Mgr Mem ☐ Mgr ☐ Mem

Mgr Mem Mgr Mem Mgr Mem Mgr Mem ct (5) Signature: (6) Date: 70 (7) Type/Print Name: (8) Title: MEMBER STURDIVANI Lawerence

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.