

Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

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

For Office Use Only

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Limited Liability	Company (D)	Date Formed: 01/25/2022	2 Formation	Locale: ID	24
Name and Mai	ling Address:		(1) Add or Change Mail	ing Address:	4
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PO BOX 1567	2020 4507				2
MCCALL, ID 8	3638-1567				PM
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Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address:					
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312 SAMSON COURT					7
MCCALL, ID 8	3038				ceived
	Note: The Regist	ered Office address must be a phys	sical Idaho address (no n	oetal hov)	Λq
(2) Now Posici	_		sicai idano address (no p	ostai box).	_
(3) New Regisi	tered Agent (RA) Signatu	If a new agent is appointed in	item (2) above, the new agen	t must sign here to accept the	appointment
(4) Limited Liabili	ty Companies: Enter names	and addresses of Managers OR	· · · · · · · · · · · · · · · · · · ·		
These will not be	accepted. Changes here wi	Ill not affect the entity mailing add	ress. If more space is n	eeded, please add an at	tachmen
Manager/Member	Name	Business Addres	SS	City, State, Zip	_ O
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(5) Signature:	MO	\rightarrow	(6) Date: 1/10	12024	t ar
(7) Type/Print Name	e: JADWIGA	SPANGEN RAZE	(8) Title: OWNC	2	- र
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Instructions: Leg	ibly complete the form above. S	Sign and date this form and return to t	he address provided above		7.0
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