



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Nort Form

Return completed form within 30 days to lidaho Secretary of State Idaho Secretary of State

Due no later than: 12/31/2019				450	Attn: Annual Reports 450 North 4th Street	
Annual	Report: No filing fee	if received by the	due date.		e, ID 83720 ne: (208) 334-2300	2/1
SOS Control N	umber: 183194	Filing Statu	ıs: Active-Existi	na	,	
		_	ed: 12/18/2006	_	nation Locale: ID	2
Name and Mailing Address:				(1) Add or Chan	ge Mailing Address:	9
BASSETT FAR						
13971 MIDWAY						2
NAMPA, ID 836	651-8128					27
						
Registered Agent (RA) and Registered Office (RO) Address: DEROY BASSETT (2) Change RA and/or RO Address:						
13971 MIDWAY RD						77 e
NAMPA, ID 83651						Ω
74, 1B 000	001					o ⊢:
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	Note: The Reg	gistered Office addres	s must be a physic	al Idaho addres	s (no postal box).	ř
(3) New Registered Agent (RA) Signature:						पू
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					OT put 'same as last year' or 's ice is needed, please add an a	
Manager/Member Name		Bu	Business Address		City, State, Zip	
Mgr Mem	HEROU Ba	ssett 13	971 Midwar	Rd.	Namoa Ida	40 83651
Mgr ☑Mem	Michael D. Ba	55e78 210	OSE. Vale	dr.		ana 8508
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(5) Signature	Roz Bassel			(6) Date: /	114/19	Law
(7) Type/Print Name	neRov Ras	set+		(8) Title: /	anager	n D
Instructions: Legi	bly complete the form above	e. Sign and date this fo	rm and return to the	address provide	d above.	nce