



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

-FILED-

File #: 0004864587

Date Filed: 8/18/2022 10:59:00 AM

Annual Report: No filing fee if received by the due date.

Due no later than: 08/31/2022

SOS Control Number: 240645

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 08/11/2008

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

GTVRA, LLC
1337 N ALVEY LN
MERIDIAN, ID 83642-5842

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

(2) Change RA and/or RO Address:

ALVIN S MARSDEN
1337 N ALVEY LN
MERIDIAN, ID 83642

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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Alvin S Marsden	1337 N Alvey Ln Meridian ID 83642	
<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:

Alvin S Marsden

(6) Date:

8/18/22

(7) Type/Print Name:

Alvin S Marsden

(8) Title:

member

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

B0719-8441 08/18/2022 10:59 AM Received by ID Secretary of State Lawrence Denney