



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 #: 0006218402

Date Filed: 4/25/2025 9:20:00 AM

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

Due no later than: 05/31/2025

SOS Control Number: 317920

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 05/02/2011

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

PATSUBO, LLC
4400 W HILLCREST DR
BOISE, ID 83705-2863

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

(2) Change RA and/or RO Address:

Penelope Gaffney
1661 W SHORELINE DR STE 200
BOISE, ID 83706

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 last year'. 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 | Patricia Ely | 4400 W Hillcrest Dr | Boise, ID 83705 |
| <input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem | Suzanne Brown | P.O. Box 1010 | Seldovia, AK 99661 |
| <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:

Patricia Ely

(6) Date:

April 22, 2025

(7) Type/Print Name:

Patricia Ely

(8) Title:

Member

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

0003-2807 04/25/2025 9:20 AM Received by Office of the Idaho Secretary of State