



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-

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

SOS Control Number: 591044

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 01/29/2018

Formation Locale: ID

Name and Mailing Address:

KIRBY'S SPRINKLERS AND LANDSCAPING LLC

PO BOX 217

POST FALLS, ID 83877-0217

(1) Add or Change Mailing Address:

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

THOMAS E KIRBY JR

2602 N PIONEER RIDGE DR

POST FALLS, ID 83854

(2) Change RA and/or RO Address:

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 checked="" type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Thomas E. Kirby Jr.	PO Box 217	Post Falls, ID 83877
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Thomas E Kirby Jr

(6) Date:

02-07-23

(7) Type/Print Name:

THOMAS E. Kirby, JR.

(8) Title:

MANAGER / member

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

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