



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](http://sosbiz.idaho.gov)

Due no later than: 07/31/2021

Return completed form within 30 days of:

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83720

Phone: (208) 334-2300

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

SOS Control Number: 618036

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 07/09/2018

Formation Locale: ID

**Name and Mailing Address:**

ERICKSON PAVING/PUMPING LLC

SCOTT ERICKSON

PO BOX 240

SAINT CHARLES, ID 83272-0240

(1) Add or Change Mailing Address:

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

SCOTT ERICKSON

55 S 100 E

SAINT CHARLES, ID 83272

(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 type="checkbox"/> Mem	Scott Erickson	55 South 100 East	St. Charles, ID 83272
<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:

*Scott Erickson*

(6) Date:

6-29-21

(7) Type/Print Name:

Scott Erickson

(8) Title:

6-29-21 / mgr

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

B0613-6947 07/06/2021 4:00 PM Received by ID Secretary of State Lawrence Denney