



# Idaho Limited Liability Company Annual Report Form

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

Due no later than: 05/31/2019

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

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

SOS Control Number: 460631

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 05/08/2015

Formation Locale: ID

**Name and Mailing Address:**

ALL SEASONS SHUTTLE SERVICE LLC.

3152 N 9TH ST

COEUR D'ALENE, ID 83815

old

(1) Add or Change Mailing Address:

1952 E. 12th AVE #2

Post Falls, ID. 83854-4465

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

PAUL F KRAMER

3152 N 9TH ST

COEUR D'ALENE, ID 83815

old

(2) Change RA and/or RO Address:

1952 E 12th AVE. #2

Post Falls, ID. 83854-4465

Note: The Registered Office address must be a physical Idaho address (no postal box).

**(3) New Registered Agent (RA) Signature:**

*Paul F. Kramer*

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	PAUL F. KRAMER	1952 E 12th AVE #2	Post Falls, ID. 83854
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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(5) Signature:

*Paul F. Kramer*

(6) Date:

6-15-19

(7) Type/Print Name:

PAUL F. KRAMER

(8) Title:

OWNER/MGR.

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

B0291-0913 06/28/2019 11:39 AM Received by ID Secretary of State Lawrence Denney