



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](http://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 #: 0005316482

Date Filed: 7/11/2023 12:59:00 PM

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

Due no later than: 06/30/2023

**SOS Control Number:** 613595  
Limited Liability Company (D)

**Filing Status:** Active-Existing  
**Date Formed:** 06/12/2018

**Formation Locale:** ID

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

SCAFFOLD SYSTEMS LLC  
1508 E MAIN ST TRLR 26  
EMMETT, ID 83617-3257

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

(2) Change RA and/or RO Address:

JOEL BERRELLEZA  
1508 E MAIN ST TRLR 26  
EMMETT, ID 83617

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	JOEL BERRELLEZA	1508 E MAIN ST TRLR #26	EMMETT ID 83617
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem			
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(5) Signature: Joel Berrelleza

(6) Date: 07-11-2023

(7) Type/Print Name: JOEL BERRELLEZA

(8) Title: SCAFFOLD SYSTEMS, LLC

mgng mbr.

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

B0788-8868 07/11/2023 12:59 PM Received by Office of the Idaho Secretary of State