



# Idaho Limited Liability Company Annual Report Form

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

Due no later than: 08/31/2019

Return completed form within 30 days

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: 240652

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 08/11/2008

Formation Locale: ID

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

GVTP, LLC.  
1337 N ALVEY LN  
MERIDIAN, ID 83642

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

(2) Change RA and/or RO Address:

ALVIN S MARSDEN  
1337 N ALVEY LN  
MERIDIAN, ID 83642

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 | ALVIN S. MARSDEN | 1337 N. ALVEY LN. | MERIDIAN, ID. 83642 |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |                  |                   |                     |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |                  |                   |                     |
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| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |                  |                   |                     |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |                  |                   |                     |

(5) Signature: *Alvin S. Marsden*

(6) Date: *7/30/2019*

(7) Type/Print Name: *ALVIN S. MARSDEN*

(8) Title: *MANAGER*

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

B0317-2029 08/14/2019 11:29 AM Received by ID Secretary of State Lawrence Denney