



## **Idaho Limited Liability Company Annual Report Form**

File online at: SOSBIZ.idaho.gov

Return completed form within 30 days to:

Due on/Before: 01/31/	2019 Reporting Year: 2	2018 Attn: Annual Reports 450 North 4th Street				
Annual Report: No filling fee if red if reinstatement is required, the rein	Boise, ID 83702 Phone: (208) 334-2300					
SOS Control Number: 590176 Limited Liability Company (D)	Filing Status: Active-Exist Date Formed: 01/24/201					
Name and Mailing Address:  BLACKBURN'S REPAIR AND RECOVERY LLC  3540 W ELK DR  POST FALLS, ID 83854						
Registered Agent (RA) and Registered Office (RO) Address:  ALISIA D BLACKBURN  3540 W ELK 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).						
(2) Now Dogistored Agent (DA) Sig	natura					

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

(4) Limited Liability Compan	ies: Enter names and address	ses of Managers OR Member	rs. Do NOT put 'same	as last year' or 'same as above'
	Changes here will not affect the			

Manager/Member Name		Business Address			City, State, Zip		
Mgr Mem	Thomas Blackburn	3540 W	EK	Drie	Post	Falls	1> 8389
Mgr Mem							t
Mgr ☐ Mem							
Mgr Mem							
Mgr Mem							
☐ Mgr ☐ Mem				"""	1		
☐ Mgr ☐ Mem			<u>-</u>				
Mgr Mem							
(5) Signature:	ilisa Bladchon		(6) D	ate: 1/31/19	}		
(7) Type/Print Name	· Alisia Blackbu	$\mathcal{M}$	(8) Ti	ille: Realster	ina (	Trent	
Instructions: Leg	ibly complete the form above. Enclose a	check made payable t	o the Idaho	Secretary of State	for \$80 if r	einstating.	

Sign and date this form and return to the address provided above.