



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

File online at: sos.idaho.gov

Due no later than: 01/31/2020

Nort Form

Return completed form within 30 days to: Up Idaho Secretary of State

Attn: Annual Reports
450 North 4th Street

| Annual Report: No filing fee if received by the due date.   |                              |                                | Boise, ID 8                        | Boise, ID 83720<br>Phone: (208) 334-2300 |                       |
|---|------------------------------|--------------------------------|------------------------------------|--|-----------------------|
| SOS Control Number: 186685  |                              | Filing Status: Active-Existing | -                                  |  | 202                   |
| Limited Liability Company (D)   |                              | Date Formed: 01/23/2007        | Formation                          | nation Locale: ID                        |                       |
| Name and Mai<br>MIKE MURPHY<br>959 MEADOW<br>ST MARIES, ID  | CONTRACTING, L.L.C.<br>HURST |                                | (1) Add or Change Mailing Address: |  |                       |
| Registered Ag<br>MICHAEL L MU<br>959 MEADOW<br>ST MARIES, ID  | HURST                        | Office (RO) Address:           | (2) Change RA and/or I             | RO Address:                              | PM Received           |
| (4) Limited Liabili   | tered Agent (RA) Signatu     |                                | (2) above, the new agen            | t must sign here to accept the appointme | abov                  |
| Manager/Member  | Name                         | Business Address               |                                    | City, State, Zip                         | 7                     |
| Mgr Mem | P. h. O. F. W                |                                |                                    | SIMARIES IL 9386                         | tary of State Laweren |
| (5) Signature: Machael L. Murks (6) Date: 2 /24/20 (7) Type/Print Name: MICHAEL L. MIRPHY (8) Title: OWNER.             |                              |                                |                                    |  | Q                     |
|   |                              |                                | <u> </u>                           |  | W                     |

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

