



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 06/30/2020

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: 352654

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 06/07/2012

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

SILVA DEMOLITION & ABATEMENT LLC
STE 200
25 E FAIRVIEW AVE
MERIDIAN, ID 83642-4940

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

(2) Change RA and/or RO Address:

TINO SILVA
594 VALLEY ST
MIDDLETON, ID 83644

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	TINO SILVA	494 Valley St	Middleton, ID 83644
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Rosalinda Silva	494 Valley St	Middleton, ID 83644
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	MIKE ROSS	PO Box 802	Boise, ID 83701
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Tanya Bass	4215 N Collister Dr	Boise, ID 83703
<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			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature: Tanya Bass

(6) Date: 6/18/2020

(7) Type/Print Name: TANYA BASS

(8) Title: Office Manager

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

B0507-8218 06/18/2020 12:59 PM Received by ID Secretary of State Lawrence Denney