

Idaho Limited Liability Company Annual Report Form

File online at: 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

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

For Office Use Only

-FILED-

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Due no later than: 04/30/2025

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SOS Control Number: 127590 Limited Liability Company (D)	Filing Status: Date Formed:		ing Formation	Locale: ID	
Name and Mailing Address: MASTER'S TOUCH PAINTING, LLC of ID 105 S WHEELER ST			(1) Add or Change Maili	ng Address:	۷. ن
BOISE, ID 83705-1603					η 2
Registered Agent (RA) and Registered Of DON R ODOM	fice (RO) Addr	ess:	(2) Change RA and/or R	RO Address:	
105 S WHEELER ST					Ë
BOISE, ID 83705					t 0 <
Note: The Registered	l Office address m	nust be a physi	cal Idaho address (no po	ostal box).	
(3) New Registered Agent (RA) Signature:					
(, , , , , , , , , , , , , , , , , , ,		is appointed in ite	em (2) above, the new agent	must sign here to accept	the appointment.
(4) Limited Liability Companies: Enter names and These will not be accepted. Changes here will not	d addresses of M ot affect the entity	anagers OR N mailing addre	Members. Do NOT put ess. If more space is n	'same as last year' or eeded, please add ar	r 'same as above' n attachment.
Manager/Member Name		ess Address		City, State, Zip	
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(5) Signature: Don Odbur			(6) Date: 3-1/-	25	p P
(7) Type/Print Name:			(8) Title: Owney		
Instructions: Legibly complete the form above. Sign	and date this form a	and return to the	address provided above		٠