



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

For Office Use Only

-FILED-

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Due no later than: 03/31/2024

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

SOS Control Number: 4650619

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 03/15/2022

Formation Locale: ID

Name and Mailing Address:

Twisted Wrench Rod's & Restro LLC.
TIM WAGNON
405 CREEKSIDE PL
NAMPA, ID 83686-8133

(1) Add or Change Mailing Address:

3390 N. Black Butte Ct.
Nampa Id 83687

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

Tim Wagnon
4002 E COMSTOCK AVE
NAMPA, ID 83686

(2) Change RA and/or RO Address:

Tim Wagnon
3390 N. Black Butte Ct.
Nampa Id 83687

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

[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	Tim Wagnon	3390 N. Black Butte CT	Nampa Id 83687
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(5) Signature:

[Signature]

(6) Date:

3/31/24

(7) Type/Print Name:

Tim Wagnon

(8) Title:

Member

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

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