



Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 09/30/2018

Reporting Year: 2018

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

If reinstatement is required, the reinstatement fee is \$30.00.

For Office Use Only

Return completed form within 30 days to:

Idaho Secretary of State - **FILED**

Attn: Annual Reports

File #: 0003306757

700 West Jefferson, E205

450 North Date Filed: 10/2/2018 9:48:00 AM

Boise, ID 83702

Phone: (208) 334-2300

SOS Control Number: 396530

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 09/26/2013

Formation Locale: ID

Name and Mailing Address:

GIVESTORM, LLC

7253 W FRANKLIN RD

BOISE, ID 83709

(1) Add or Change Mailing Address:

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

DAN HARRINGTON

7253 W FRANKLIN RD

BOISE, ID 83709

(2) Change RA and/or RO Address:

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

(3) New Registered Agent (RA) Signature:

(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	Dan Harrington	7253 W Franklin Rd	Boise, ID 83709
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<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			

(5) Signature:

(6) Date:

(7) Type/Print Name:

(8) Title:

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating.

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