



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](http://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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**Annual Report: No filing fee if received by the due date.**

SOS Control Number: 74390

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 08/07/2002

Formation Locale: ID

**Name and Mailing Address:**

TREASURE VALLEY RENEWABLE RESOURCES, LLC.  
1832 WEISER RIVER RD  
WEISER, ID 83672-5367

(1) Add or Change Mailing Address:

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

CURTIS HICKEY  
804 NW 24TH ST  
FRUITLAND, ID 83619

(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:**

*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 checked="" type="checkbox"/> Mem	Curtis Hickey	1832 Weiser River Road	Weiser, Id. 83672
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Calvin Hickey	2000 Cove Rd.	Weiser, Id. 83672
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem	Monte Pierce		
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Monte Pearce	H.C. 60 Box 110	Wells, Nv. 89835
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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(5) Signature:

*Curtis R. Hickey*

(6) Date:

*8-9-23*

(7) Type/Print Name:

*Curtis R. Hickey*

(8) Title:

*Chairman Board of Managers*

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

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