



(7) Type/Print Name:

Idaho Limited Liability Company Annual Report Form

| | File online at: SOSBIZ.idaho.gov | | Return completed form within 30 days to | |
|------------------|----------------------------------|--|---|--|
| | Due on/Before: 02/28/20 | Reporting Year: 2018 | Idaho Secretary of State Attn: Annual Reports | |
| Annual Rep | ort: No filing fee if receive | ved by due date. | 450 North 4th Street | |
| | nent is required, the reinsta | Boise, ID 83702 Phone: (208) 334-2300 | | |
| SOS Control | Number: 123935 | Filing Status: Active-Existing | | |
| Limited Liabili | ty Company (D) | Date Formed: 02/28/2005 | Formation Locale: ID | |
| Name and M | ailing Address: | (1) Ado | d or Change Mailing Address: | |
| TWIN SPRIN | IGS L.L.C. | | | |
| 621 MAIN ST | - | | | |
| BOISE, ID 8 | 3702 | | I | |
| | | | | |
| D | | | | |
| DARCY R PI | Agent (RA) and Registere | d Office (RO) Address: (2) Cha | ange RA and/or RO Address: | |
| 9075 BIENAF | | | | |
| BOISE, ID 8: | : -: -: - | | | |
| 50102, 15 0 | 0.00 | | | |
| | | | | |
| | Note: The Regi | stered Office address must be a physical Idah | o address (no postal box). | |
| (3) New Regi | istered Agent (RA) Signa | ture: | | |
| | | | s. Do NOT put 'same as last year' or 'same as abo | |
| These will not b | pe accepted. Changes here v | will not affect the entity mailing address. If n | nore space is needed, please add an attachment. | |
| Manager/Membe | | Business Address | City, State, Zip | |
| Mgr_⊠Mem | LEGICO A. I I E | ns 621 Main St. | Boise TN. 83702 | |
| ☐ Mgr Mem | Dick E. Dufen | horst 621 Main st | | |
| ☐Mgr Mem | 1000 1100 | hisch 62-1 Main St | . Boise IN 83702 | |
| MgrMem | 1 | | | |

Mgr Mem Mgr Mem <u>О</u> Н Mgr Mem Mgr Mem (5) Signature: (6) Date:

(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.

Lawerence Denney