

(3) New Registered Agent (RA) Signature:



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 06/30/2019

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

Return	completed	form	within	30	dave	to
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Received

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300

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SOS Control Number: 510919	Filing Status: Active-Existing		e
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Limited Liability Company (D)

Date Formed: 06/27/2016

Formation Locale: ID

Name and Mailing Address:

LOGAN THOMAS TRUCKING, LLC

332 5 11th Street

LOGAN THOMAS TRUCKING, LLC

1271 CASSANDRA HILLS ROAD

ST MARIES, ID 83861

332 5 //th Street

5t.Maries, ID 8386/

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

LOGAN MICHAEL THOMAS

1271 CASSANDRA HILLS ROAD

ST MARIES, ID 83861

(2) Change RA and/or RO Address:

332 S 11th Street

St. Maries ID 83864

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

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	If a f iew agent is appointed in item (2) above, the new agent must sign here to accept the appointment,
(4) Limited Liability Companies: Enter names and a	ddresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above',
These will not be accepted. Changes here will not a	affect the entity mailing address. If more space is needed, please add an attachment. \mathbf{Q}

Manager/Member	Name	Business Address	City, State, Zip
X Mgr Mem	Logan Michael Thomas	332 5 1/th Street	St. Maries, ID, 8386/
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(5) Signature: Logan Tromps	X (6) Date: 9-Z6-19	
17) Type/Print Name: Loggn Thomas	(8) Title: OWNEr	
Instructions: Legibly complete the form above. Sign and date this formations	nrm and return to the address provided above	

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