



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: 09/30/2024

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

SOS Control Number: 174173

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 09/08/2006

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

SCHIERMEIER TAXIDERMY, L.L.C.
21336 HIGHWAY 30
FILER, ID 83328-5512

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

(2) Change RA and/or RO Address:

TOM L SCHIERMEIER
21336 HIGHWAY 30
FILER, ID 83328

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 type="checkbox"/> Mem	Tom L. Schiermeier	21336 Hwy 30	Filer, Idaho 83328
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Farla J. Schiermeier	21336 Hwy 30	Filer, Idaho 83328
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Farla J. Schiermeier

(6) Date:

9-23-2024

(7) Type/Print Name:

Farla J. Schiermeier

(8) Title:

Manager/owner -

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

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