

SOS Control Number: 479741

Limited Liability Company (D)

Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Filing Status: Active-Existing Date Formed: 10/30/2015

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

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

For Office Use Only

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Date Filed: 11/8/2024 4:50:00 PM

Due no later than: 10/31/2024

| Name and Mailing Address: | | (1) Add or Change Mailing Address: | | 4 |
|--|--|---|--|--|
| Streamline Remodeling and Siding LLC 309 W 20TH AVE | | | esi * | 5 |
| POST FALLS, ID 83854-7224 | | | | PM |
| | | | | |
| Registered Agent (RA) and Registered Office CHRISTINA GERNERT | (RO) Address: | (2) Change RA and/or I | RO Address: | Ç |
| 309 W 20TH AVE | | 9930 1 1 | oth Ave | Ë |
| POST FALLS, ID 83854 | | pust ralls | oth AVe S. ID 83854 | ceived |
| | | | | λq |
| Note: The Registered Offi | ce address must be a ph | ysical Idaho address (no p | ostal box). | |
| (3) New Registered Agent (RA) Signature: | ngha | | | <u></u> |
| | | | t must sign here to accept the ap | pointment H |
| (4) Limited Liability Companies: Enter names and add These will not be accepted. Changes here will not affe | dresses of Managers O ect the entity mailing ac | R Members. Do NOT put Idress. If more space is r | 'same as last year' or 'same eeded, please add an attac | e as above <mark>n</mark> chment. |
| Manager/Member Name | | | City, State, Zip | 0, |
| Mgr Mem Tyson Gernet | 309 NG | t 20th Ave | post Fulls XD | 83854 |
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| (5) Signature: | | (6) Date: i/- (a | - 211 | ct O |
| |) | (0) Date: 11 (3) | | ary |
| (7) Type/PrintName: Ty(on Gerner | <u> </u> | (6) Date: j/- 6 (8) Title: OWN | er/mar | ······································ |
| Instructions: Legibly complete the form above. Sign and o | date this form and return to | the address provided above | | о Н |
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