

## **Idaho Limited Liability Company Annual Report Form**

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## -FILED-

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(5) Signature:

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.

SOS Control N	umber: 4505655	Filing Status: Active-Exi	Filing Status: Active-Existing		
Limited Liability Company (D)		Date Formed: 11/09/202	1 Formatio	Formation Locale: ID	
Name and Mai TOOLS OF TH 11991 W EMER BOISE, ID 837	E TRADE HANDYMAN RSON DR	L.L.C.	(1) Add or Change Ma	ailing Address:	
TRAVIS ROLAI 11991 W EMEF BOISE, ID 837	ND RSON DR 09 Note: The Reg	ed Office (RO) Address:	(2) Change RA and/o		
(3) New Regist	ered Agent (RA) Signa		item (2) above, the new ago	ent must sign here to accept the appointment	
These will not be	accepted. Changes here	es and addresses of Managers OR will not affect the entity mailing add	Members. Do NOT polices. If more space is	ut 'same as last year' or 'same as above' needed, please add an attachment.	
Manager/Member	Name	Business Addre	SS	City, State, Zip	
Mgr ☑Mem	TRAVIS ROLD	UD 11991 WIEMAN	20 DR	BOBC IN 83709	
Mgr Mem					
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muscet (7) Type/Print Name: (8) Title:

(6) Date:

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

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