



# Idaho Limited Liability Company Annual Report Form

File online at: [sos.idaho.gov](http://sos.idaho.gov)  
 Due no later than: 06/30/2019

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 Number:** 557638  
 Limited Liability Company (D)

**Filing Status:** Active-Existing  
**Date Formed:** 06/07/2017

**Formation Locale:** ID

**Name and Mailing Address:**  
 FARRIS TRUCKING LLC  
 PO BOX 135  
 FRUITLAND, ID 83619

(1) Add or Change Mailing Address:

**Registered Agent (RA) and Registered Office (RO) Address:**  
 ERNEST FARRIS  
 2139 MAPLE COURT  
 FRUITLAND, ID 83619

(2) Change RA and/or RO Address:

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	ERNEST L. FARRIS	2139 MAPLE CT	Fruitland ID 83619
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Katherine E. FARRIS	2139 MAPLE CT	Fruitland ID 83619
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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(5) Signature: *Ernest Farris*

(6) Date: 6-7-19

(7) Type/Print Name: ERNEST FARRIS

(8) Title: Owner

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