

Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

450 North 4th Street Boise, ID 83720

Idaho Secretary of State Attn: Annual Reports

Phone: (208) 334-2300

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

Return completed form within 30 days to:

For Office Use Only

-FILED-

File #: 0005437012

Date Filed: 10/10/2023 11:44:00 AM

Due no later than: 09/30/2023

B0846-0126

| SOS Control N | umber: 432343 | Filing Status: Active-Existing | | |
|--|---|--|--|--|
| Limited Liability Company (D) | | Date Formed: 09/04/2014 | Formation Locale: ID | 7 |
| Name and Mai INTEGRITY TF 715 FORSYTH NAMPA, ID 83 | REE SERVICE LLC IA DR | (1 |) Add or Change Mailing Address: | ‡ + |
| Registered Ag STEVEN ERIC 715 FORSYTH NAMPA, ID 83 | IA DR | ffice (RO) Address: (2 |) Change RA and/or RO Address: | |
| | tered Agent (RA) Signature | If a new agent is appointed in item (| 2) above, the new agent must sign here to | |
| (4) Limited Liabili These will not be | ty Companies: Enter names ar accepted. Changes here will n | nd addresses of Managers OR Men ot affect the entity mailing address. | nbers. Do NOT put 'same as last y If more space is needed, please a | ear' or 'same as above'. add an attachment. |
| Manager/Member | Name | Business Address | City, State, | Zip |
| Mgr | Steve N Grick | son 715 forsythe | à dr. nimpy I | (J. 8365) |
| (5) Signature: Steven Erickson (6) Date: 10/4/23 (7) Type/Print Name: Steven Grickson (8) Title: OWNER | | | | |
| | | | | c |

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

State