



Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 11/30/2018

Reporting Year: 2018

Return completed form within 30 days to

Idaho Secretary of State
Attn: Annual Reports
700 West Jefferson, E205
450 North 4th Street
Boise, ID 83702
Phone: (208) 334-2300

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

If reinstatement is required, the reinstatement fee is \$30.00.

SOS Control Number: 364749

Filing Status: Active-Existing

Professional Limited Liability Company (D)

Date Formed: 11/05/2012

Formation Locale: ID

Name and Mailing Address:

TONY SALKAS PLLC
6074 N CASTLETON LN
GARDEN CITY, ID 83714

(1) Add or Change Mailing Address:

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

ANTHONY J SALKAS
2596 N STOKESBERRY PL
MERIDIAN, ID 83646

(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:

(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 checked="" type="checkbox"/> Mem	Anthony J. Salkas	2596 N. Stokesberry Pl.	Meridian, Id 83646
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Anthony J. Salkas

(6) Date:

10/21/18

(7) Type/Print Name:

Anthony J. Salkas

(8) Title:

Owner Social Worker

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating.

Sign and date this form and return to the address provided above.

B0027-1564 10/25/2018 9:49 AM Received by ID Secretary of State Denney