



# Idaho Limited Liability Company Annual Report Form

File online at: [sos.idaho.gov](http://sos.idaho.gov)

Due no later than: 12/31/2019

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: 219781

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 12/24/2007

Formation Locale: ID

**Name and Mailing Address:**

TIM FULLER LOGGING, LLC  
30207 ROSENKRANTZ RD  
LEWISTON, ID 83501-5229

(1) Add or Change Mailing Address:

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

TIM FULLER  
30207 ROSENKRANTZ RD  
LEWISTON, ID 83501

(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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Tim Fuller	30207 Rosenkrantz Rd.	Lewiston, Idaho 83501
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Cheri Fuller	30207 Rosenkrantz Rd.	Lewiston, Idaho 83501
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

*Tim Fuller*

(6) Date:

12/21/19

(7) Type/Print Name:

Tim Fuller

(8) Title:

Member

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

B0421-4434 12/23/2019 10:27 AM Received by ID Secretary of State Lawrence Denney