



# Idaho Limited Liability Company Annual Report Form

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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

For Office Use Only

**-FILED-**

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

SOS Control Number: 307962

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 01/12/2011

Formation Locale: ID

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

L & O FARMS AND STORAGE, LLC  
456 3RD ST E  
HANSEN, ID 83334-4930

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

(2) Change RA and/or RO Address:

THOMAS E GIBSON  
456 3RD ST E  
HANSEN, ID 83334

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	Thomas E Gibson	456 3RD ST E	HANSEN, ID 83334
<input checked="" type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Andrew M. Boise	1928 TAMARAC LANE	TWIN FALLS, ID 83301
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Lyndee Thompson	2514 CARPENTERS WAY	TWIN FALLS, ID 83301
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

*Thomas E Gibson*

(6) Date:

1-2-25

(7) Type/Print Name:

Thomas E Gibson

(8) Title:

MANAGER

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

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