



# Idaho Limited Liability Company Annual Report Form

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

Due no later than: 04/30/2019

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:** 601400

**Filing Status:** Active-Existing

**Limited Liability Company (D)**

**Date Formed:** 04/09/2018

**Formation Locale:** ID

**Name and Mailing Address:**

AZORE EXCAVATION LLC

553 KESTREL AVE

MIDDLETON, ID 83644

(1) Add or Change Mailing Address:

35 Clear Creek DR.  
Boise, ID 83716

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

JUANITA WEAVER

553 KESTREL AVE

MIDDLETON, ID 83644

(2) Change RA and/or RO Address:

35 Clear Creek DR.  
Boise, ID 83716

Note: The Registered Office address must be a physical Idaho address (no postal box).

**(3) New Registered Agent (RA) Signature:**

*Juanita Weaver*

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	Matthew Weaver	35 Clear Creek DR.	Boise, ID 83716
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Juanita Weaver	35 Clear Creek DR.	Boise, ID 83716
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**(5) Signature:**

*Juanita Weaver*

**(6) Date:**

5-24-19

**(7) Type/Print Name:**

Juanita Weaver

**(8) Title:**

owner

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

B0256-2576 05/28/2019 3:52 PM Received by ID Secretary of State Lawrence Denney