



# Idaho Limited Liability Company Annual Report Form

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

Due on/Before: 07/31/2015

Reporting Year: 2015

Return completed form within 30 days to:

Idaho Secretary of State

Attn: Annual Reports

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: 427967

Filing Status: Inactive-Dissolved  
(Administrative)

☒ Reinstatement Entity (\$30 fee)

Limited Liability Company (D)

Date Formed: 07/23/2014

Formation Locale: ID

**Name and Mailing Address:**

HULL BROTHERS LLC

76 N ROBINSON RD

NAMPA, ID 83687

(1) Add or Change Mailing Address:

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

NO AGENT

AGENT RESIGNED OR INVALID

BOISE, ID 83702 (ADA)

(2) Change RA and/or RO Address:

DARON HULL  
76 N. ROBINSON RD.  
NAMPA ID 83687

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

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

*[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 | DARON HULL | 76 N. ROBINSON RD. | NAMPA ID 83687   |
| <input checked="" type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem | DANNY HULL | 76 N. ROBINSON RD. | NAMPA ID 83687   |
| <input checked="" type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem | DAVID HULL | 19 SUNNY LN.       | SALMON ID 83467  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem                       |            |                    |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem                       |            |                    |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem                       |            |                    |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem                       |            |                    |                  |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem                       |            |                    |                  |

(5) Signature:

*[Signature]*

(6) Date:

10/31/2018

(7) Type/Print Name:

DARON HULL

(8) Title:

MANAGER / MEMBER

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.

B0027-2819 10/31/2018 10:32 AM Received by ID Secretary of State Lawrence Denney