



# Idaho Limited Liability Company Annual Report Form

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

Due on/Before: 04/30/2018

Reporting Year: 2017

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: 548847

Filing Status: Inactive-Dissolved  
(Administrative)

☒ Reinstatement Entity (\$30 fee)

Limited Liability Company (D)

Date Formed: 04/10/2017

Formation Locale: ID

## Name and Mailing Address:

APOLLO CONSTRUCTION LLC

PO BOX 23

BELLEVUE, ID 83313

(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:

Travis Nisson  
113 North 3<sup>rd</sup> Street  
Bellevue, Idaho 83313.

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

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

*Travis Nisson*

(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	TRAVIS NISSON	Box 23	Bellevue ID 83313
<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			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

*Travis Nisson*

(6) Date:

12-5-18

(7) Type/Print Name:

Travis Nisson.

(8) Title:

Owner

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.

B0027-6450 12/10/2018 1:13 PM Received by ID Secretary of State Lawrence Denney