



# Idaho Limited Liability Company Annual Report Form

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

Due no later than: 02/28/2020

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: 341031

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 02/03/2012

Formation Locale: ID

**Name and Mailing Address:**

SIMPSON FARMS LANDSCAPE L.L.C.

121 N 5TH ST

BELLEVUE, ID 83313-5080

(1) Add or Change Mailing Address:

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

BRANDI JAMESON

121 N 5TH ST

BELLEVUE, ID 83313

(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 checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem | Sam Simpson | 121 N. 5th St.   | Bellevue, Id 83313 |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |             |                  |                    |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |             |                  |                    |
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| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |             |                  |                    |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |             |                  |                    |

(5) Signature:

*Sam Simpson*

(6) Date:

2-13-2020

(7) Type/Print Name:

Samuel C. Simpson

(8) Title:

Manager

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

B0476-4032 02/21/2020 9:40 AM Received by ID Secretary of State Lawrence Denney