



## Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 06/30/2019

Dort Form

Return completed form within 30 days to: 40 ldaho Secretary of State

Attn: Annual Reports
450 North 4th Street

| Annual Report: No filing fee if received by the due date.    |                                                |                                                           |                                          | Boise, ID 83720<br>Phone: (208) 334-2300 |                                                                               | ) C U                                 |
|--------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------|
|                                                              |                                                | Filing Status: Ac                                         | <del>-</del>                             |                                          |                                                                               | 6                                     |
| Limited Liability Company (D)  Date                          |                                                | Date Formed: 06                                           | /15/2006                                 | Formation l                              | _ocale: ID                                                                    |                                       |
| Name and Mai<br>G & S DEVELO                                 | PMENT, LLC                                     |                                                           | (1) <b>A</b> dd                          | or Change Mailir                         | ng Address:                                                                   | ⊢<br>2                                |
| 5405 LONG CO<br>IDAHO FALLS,                                 |                                                |                                                           |                                          |                                          |                                                                               | 0<br>1                                |
| Registered Ag<br>GENE R KANT<br>5405 LONG CO<br>IDAHO FALLS, | OVE DR                                         | ed Office (RO) Address                                    | 3: (2) Cha                               | inge RA and/or R                         | O Address:                                                                    | 7.<br>0<br>0<br>0<br>1                |
| (3) New Regist                                               | Note: The Reg<br>tered Agent (RA) Signa        | istered Office address must                               |                                          |                                          | ,                                                                             | "<br>"<br>"                           |
| These will not be                                            | ty Companies: Enter nam accepted. Changes here | es and addresses of Mana<br>will not affect the entity ma | agers OR Members<br>ailing address. If m | s. Do NOT put '                          | must's ni ne saare . He<br>same as last year' or 's<br>eeded, please add an a | same as above                         |
| Manager/Member                                               | Name                                           | Business                                                  | Address                                  |                                          | City, State, Zip                                                              | • • • • • • • • • • • • • • • • • • • |
| Mgr Mem  Mgr Mem  Mgr Mem  Mgr Mem                           | Sandra J. Ko                                   | wack 540                                                  | Long Cov                                 | e Wrive                                  | Ida ho Falls,                                                                 | Ed, 83404<br>Ed, 83405                |
| Mgr Mem                                                      |                                                |                                                           |                                          |                                          |                                                                               |                                       |
| Mgr Mem Mgr Mem Mgr Mem                                      |                                                |                                                           |                                          |                                          |                                                                               |                                       |
| Mgr Mem                                                      | 1                                              |                                                           |                                          |                                          |                                                                               |                                       |
| (5) Signature:                                               | inje & Ka                                      | Mack                                                      | (6) Date                                 | : 5/26                                   | 12019                                                                         | \$<br>0<br>1                          |
| (7) Type/Print Name                                          | e: Gene 1                                      | E. Karlack                                                | (8) Title                                | Man                                      | at or                                                                         |                                       |
| Instructions: Leg                                            | ibly complete the form above.                  | Sign and date this form and                               | return to the address                    | s provided above.                        | /                                                                             | יי<br>לה                              |