



# Idaho Limited Liability Company Annual Report Form

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

Due no later than: 08/31/2020

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: 393486

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 08/26/2013

Formation Locale: ID

**Name and Mailing Address:**

SCREENED ROCK PRODUCTS LLC

1506 BODIE CANYON RD

PRIEST RIVER, ID 83856-9786

(1) Add or Change Mailing Address:

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

JOHN IWANOW

1506 BODIE CANYON RD

PRIEST RIVER, ID 83856

(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 | John Iwanow | 1506 Bodie Canyon Rd. | Priest River ID 83856 |
| <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            |             |                       |                       |
| <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:

*John Iwanow*

(6) Date:

7/24/20

(7) Type/Print Name:

JOHN IWANOW

(8) Title:

MANAGER

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

B0520-4080 07/27/2020 10:47 AM Received by ID Secretary of State Lawrence Denney