



# Idaho Limited Liability Company Annual Report Form

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

Due no later than: 01/31/2020

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:** 307962

**Filing Status:** Active-Existing

**Limited Liability Company (D)**

**Date Formed:** 01/12/2011

**Formation Locale:** ID

**Name and Mailing Address:**

L & O FARMS AND STORAGE, LLC

456 3RD ST E

HANSEN, ID 83334-4930

(1) Add or Change Mailing Address:

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

THOMAS E GIBSON

456 3RD ST E

HANSEN, ID 83334

(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 | Thomas E Gibson   | 456 3rd St E      | Hansen, ID 83334     |
| <input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem | David R. Belsi    | 1928 Tamarack Ln  | Twin Falls, ID 83301 |
| <input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem | Lynnette Thompson | 2514 Carnegie Way | Twin Falls, ID 83301 |
| <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            |                   |                   |                      |
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| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |                   |                   |                      |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |                   |                   |                      |

(5) Signature:

*Thomas E Gibson*

(6) Date:

1-30-20

(7) Type/Print Name:

Thomas E Gibson

(8) Title:

MANAGER

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

B0473-1270 02/03/2020 3:06 PM Received by ID Secretary of State Lawrence Denney