



# Idaho Limited Liability Company Annual Report Form

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

Due no later than: 03/31/2020

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: 40627

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 03/19/1999

Formation Locale: ID

**Name and Mailing Address:**

CALL-TAYSOM-WEST, LLC

9630 N RIDGEWOOD RD

POCATELLO, ID 83201-9023

(1) Add or Change Mailing Address:

Call-Taysom - West LLC  
416 South 4th Ave  
Pocatello Id 83201

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

PAULA B WEST

9630 N RIDGEWOOD RD

POCATELLO, ID 83201

(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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Paula West	9630 N Ridgewood Rd	Pocatello ID 83201
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Wayne Taysom	PO Box 4519	Pocatello Id 83201
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Benjamin Call	38 Columbia	Pocatello Id 83201
<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:

*Paula West*

(6) Date:

X March 4, 2020

(7) Type/Print Name:

Paula West

(8) Title:

member

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

B0473-7701 03/09/2020 1:34 PM Received by ID Secretary of State Lawrence Denney