



# Idaho Limited Liability Company Annual Report Form

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



## 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

For Office Use Only

**-FILED-**

File #: 0006138082

Date Filed: 3/3/2025 1:56:00 PM

Due no later than: 01/31/2025

**Annual Report: No filing fee if received by the due date.**

**SOS Control Number:** 5057378

**Filing Status:** Active-Existing

**Limited Liability Company (D)**

**Date Formed:** 01/07/2023

**Formation Locale:** ID

### Name and Mailing Address:

Iverson's Smokin Pig BBQ, LLC  
PO BOX 3292  
POST FALLS, ID 83877-3292

(1) Add or Change Mailing Address:

4238 E 16th Apt D-214  
Post Falls, ID 83854

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

ALL DAY \$49 IDAHO REGISTERED AGENT LLC  
784 S CLEARWATER LOOP STE F  
POST FALLS, ID 83854

(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	SCOTT IVERSON	2828 W Seltice Way	POST FALLS ID 83854
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

*Scott Iverson*

(6) Date:

Feb 24-25

(7) Type/Print Name:

SCOTT J IVERSON

(8) Title:

Owner

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

B0990-1037 03/03/2025 1:56 PM Received by Office of the Idaho Secretary of State