



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 07/31/2019

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: 562184

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 07/12/2017

Formation Locale: ID

Name and Mailing Address:

MCCALL SUPPLY, LLC

PO BOX 2663

MCCALL, ID 83638

(1) Add or Change Mailing Address:

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

LESLIE L ROBERTS

300 KRAHN LANE

MCCALL, ID 83638

(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	Leslie L. Roberts	P.O. Box 2663	McCall, ID 83638
<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:

[Signature]

(6) Date:

9/10/19

(7) Type/Print Name:

Les Roberts

(8) Title:

Manager

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

B0322-5542 09/13/2019 4:50 PM Received by ID Secretary of State Lawrence Denney