



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 09/30/2019

port Form

Return completed form within 30 days to: 40 ldaho Secretary of State

Attn: Annual Reports
450 North 4th Street

Annua	Report: No filing fee if re	eceived by the due date.	450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300	נים /
SOS Control Number: 112332		Filing Status: Active-Existing	Formation Locales ID	
Limited Liability Company (D)		Date Formed: 09/13/2004	Formation Locale: ID	
Name and Mai TOUCH STONI PO BOX 68092 PORTLAND, O	E MEMORIES & CO. LLC	(1) A	odd or Change Mailing Address:	0 · 1 ·
Registered Agent (RA) and Registered Office (RO) Address: JERRY SMITH 291 N BROADWAY ST				
(3) New Regist		red Office address must be a physical Id	aho address (no postal box).	0 2 7
		and addresses of Managers OR Memb not affect the entity mailing address. I		or 'same as above an attachment.
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(5) Signature:	Kene Dea	(6)	ate:10-30:-59	<u>(</u>
(7) Type/Print Name	Trene Beard	(8) T	itle: Manage -	
Instructions: Leg	ibly complete the form above. Sign	gn and date this form and return to the addr	ess provided above.	ţ

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