



# Idaho Limited Liability Company Annual Report Form

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

Due no later than: 12/31/2019

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: 441186

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 12/02/2014

Formation Locale: ID

**Name and Mailing Address:**

C AND D BEAUTY SUPPLY LLC  
8137 W FAIRVIEW AVE  
BOISE, ID 83704-8426

(1) Add or Change Mailing Address:

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

THAO THI TRAN  
8137 FAIRVIEW AVE  
BOISE, ID 83704

(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	THAO THI TRAN	8137 FAIRVIEW	BOISE, ID 83704
<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: *Thao Thi Tran*

(6) Date: 11-4-2019

(7) Type/Print Name: THAO THI TRAN

(8) Title: OWNER

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

B0373-4905 11/04/2019 10:00 AM Received by ID Secretary of State Lawrence Denney