

Idaho Limited Liability Company Annual Report Form



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

File #: 0005492293

Date Filed: 12/1/2023 10:43:00 AM

Annual	Report: No filing fee i		Due no later than: 10/3	1/202	
		Filing Status: Active-E	-	on Locale: ID	202:
Name and Mail H&G TRUCKIN PO BOX 5840 TWIN FALLS, I	G, LLC		(1) Add or Change M	failing Address:	8 10:43 A
Registered Ag GLENN HUMPI 1533 JUNIPER TWIN FALLS, I	HRIES ST N	d Office (RO) Address:	(2) Change RA and/	or RO Address:	AM Received
(4) Limited Liabili	ered Agent (RA) Signa ty Companies: Enter name	If a new agent is appointed as and addresses of Managers	d in item (2) above, the new as	gent must sign here to accept the appout 'same as last year' or 'same	e as ab q ye'
Manager/Member	e accepted. Changes here will not affect the entity mailing add				
Mgr Mem	Jean Hungh	Ne 5 15330a)	WPEr5/Nort	L TwiNFalls Z	e of the Idaho Secr
(5) Signature:	le Chor		(6) Date: //-2	5-2023	e e
(7) Type/Print Name	: Glenn Huns	hrieg	(8) Title: 50/	e Member	ary
Instructions: Lea	ibly complete the form shave	Sign and date this form and return	to the address provided ab	OVA	0