



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 05/31/2020

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: 553263

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 05/08/2017

Formation Locale: ID

Name and Mailing Address:

SPICEE HAIR'Z LLC
367 CHESAPEAKE AVE
CHUBBUCK, ID 83202-1628

(1) Add or Change Mailing Address:

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

TAMMIE JACOBS
367 CHESAPEAKE AVE
CHUBBUCK, ID 83202

(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	Tammie JACOBS	367 Chesapeake Ave	Chubbuck, Idaho, 83202
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	NOLAN JACOBS	367 Chesapeake Ave	Chubbuck, Idaho, 83202
<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: *Tammie Jacobs Nolan Jacobs*

(6) Date: 05/07/2020

(7) Type/Print Name: Tammie Jacobs Nolan JACOBS

(8) Title: OWNER / OWNER

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

B0506-1724 05/07/2020 11:40 AM Received by ID Secretary of State Lawrence Denney