



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 03/31/2021

Return completed form within 30 days:

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: 499235

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 03/31/2016

Formation Locale: ID

Name and Mailing Address:

GLENN EARL PRODUCTS LLC
177 ORCHARD DR
TWIN FALLS, ID 83301-7602

(1) Add or Change Mailing Address:

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

GLENN EARL
177 ORCHARD DR
TWIN FALLS, ID 83301

(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	GLENN EARL	177 ORCHARD DR	TWIN FALLS ID 83301
<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:

Glenn Earl

(6) Date:

4-28-21

(7) Type/Print Name:

GLENN EARL

(8) Title:

OWNER mgr

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

B0596-6379 04/30/2021 3:06 PM Received by ID Secretary of State Lawrence Denney