



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov



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

For Office Use Only

-FILED-

File #: 0006041715

Date Filed: 1/2/2025 10:53:00 AM

Due no later than: 01/31/2025

Annual Report: No filing fee if received by the due date.

SOS Control Number: 120941

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 01/20/2005

Formation Locale: ID

Name and Mailing Address:

GRANNY'S DRAWER'S, LLC
PO BOX 135
BUHL, ID 83316-0135

(1) Add or Change Mailing Address:

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

SHARON BUSMANN
4775 N 1115 E
BUHL, ID 83316

(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	Sharon Busmann	219 Broadway North	Buhl Idaho 83316
<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			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature: Sharon Busmann

(6) Date: 12-28-2024

(7) Type/Print Name: Sharon Busmann

(8) Title: owner

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

B0959-5617 01/02/2025 10:53 AM Received by Office of the Idaho Secretary of State