



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 08/31/2019

Nort Form

Return completed form within 30 days to: A ldaho Secretary of State

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street

Annua	Report: No filing fee if re	Boise, ID 83720 Phone: (208) 334-2300	T U	
		Filing Status: Active-Existing		-
Limited Liability Company (D)		Date Formed: 08/11/2005	Formation Locale: ID	
Name and Mai LESCO ENTER PO BOX 2663 MCCALL, ID 8	RPRISES, LLC.		(1) Add or Change Mailing Address:	
Registered Ag LESLIE L ROB 300 KRAHN LN MCCALL, ID 8	I 3638		(2) Change RA and/or RO Address:	
(4) Limited Liabili	tered Agent (RA) Signatur ty Companies: Enter names a	If a new agent is appointed in item	embers. Do NOT put 'same as last year' or 'same as aboss. If more space is needed, please add an attachment.	
Manager/Member	Name	Business Address	City, State, Zip	_
Mgr Mem	Leslie L. Roberts	P.C. Box 2663	McG11, ID 83438	
(5) Signature:	1. Alex		(6) Date: 9/11/19	ĺ
(7) Type/Print Nam	e les hoberts		(8) Title: Manager	
Instructions: Leg	ibly complete the form above. Sig	n and date this form and return to the	address provided above.	ţ

Denney