



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 03/31/2020

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: 499188

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 03/31/2016

Formation Locale: ID

Name and Mailing Address:

PURCELL'S PROFESSIONAL PAINTING LLC
1925 S BANNER ST
NAMPA, ID 83686-7273

(1) Add or Change Mailing Address:

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

THOMAS R PURCELL
1925 S BANNER ST
NAMPA, ID 83686

(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	THOMAS PURCELL	1925 S. Banner St	Nampa, ID 83686
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	JODI SOLOMON	1925 S. Banner St.	Nampa, ID 83686
<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: *Thomas Purcell*

(6) Date: *5-1-2020*

(7) Type/Print Name: *Thomas Purcell*

(8) Title: *Manager*

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

B0506-1150 05/04/2020 11:22 AM Received by ID Secretary of State Lawrence Denney