



Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 07/31/2017

Reporting Year: 2017

Return completed form within 30 days to:

Idaho Secretary of State
Attn: Annual Reports
700 West Jefferson, E205
450 North 4th Street
Boise, ID 83702
Phone: (208) 334-2300

Annual Report: No filing fee if received by due date.
If reinstatement is required, the reinstatement fee is \$30.00.

SOS Control Number: 513320

Filing Status: Inactive-Dissolved
(Administrative)

☒ Reinstatement Entity (\$30 fee)

Limited Liability Company (D)

Date Formed: 07/25/2016

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

SUTTON, LLC
1325 17TH ST
LEWISTON, ID 83501

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

(2) Change RA and/or RO Address:

NO AGENT
AGENT RESIGNED OR INVALID
BOISE, ID 83702 (ADA)

JERRY SUTTON
1325 17TH ST
LEWISTON ID 83501

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

(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	JERRY SUTTON	1325 17TH ST	LEWISTON ID 83501
<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:

(6) Date:

(7) Type/Print Name:

(8) Title:

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating. Sign and date this form and return to the address provided above.