



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 01/31/2019

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: 307262
Limited Liability Company (D)

Filing Status: Active-Existing
Date Formed: 01/04/2011

Formation Locale: ID

Name and Mailing Address:
SAWTOOTH SHEET METAL LLC
124 BLUE LAKES BLVD S SUITE 6
TWIN FALLS, ID 83301

(1) Add or Change Mailing Address:

Registered Agent (RA) and Registered Office (RO) Address:
PHYLLIS JONES
124 BLUE LAKES BLVD STE 6
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:

Phyllis Jones

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	GAIL JONES	124 Blue Lakes S #6	Twin Falls, ID 83301
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem	Phyllis Jones	124 Blue Lakes S #6	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			

(5) Signature: *Phyllis Jones*

(6) Date: 4-22-19

(7) Type/Print Name: PHYLLIS JONES

(8) Title: owner/manager

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

B0198-8405 04/25/2019 11:24 AM Received by ID Secretary of State Lawrence Denney