



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 #: 0005272920

Date Filed: 6/8/2023 9:17:00 AM

Due no later than: 05/31/2023

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

SOS Control Number: 349448

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 05/01/2012

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

S AND D MOBILE HOME SET UP AND SERVICE, L.L.C.
17123 LEWIS LN
CALDWELL, ID 83607-7373

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

(2) Change RA and/or RO Address:

SHAWN KANGAS
17123 LEWIS LN
CALDWELL, ID 83607

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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Shawn Kangas	17123 Lewis Lane	Caldwell ID 83607
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Daniel Kangas	17123 Lewis Lane	Caldwell ID 83607
<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:

Shawn Kangas

(6) Date:

6-6-23

(7) Type/Print Name:

Shawn Kangas

(8) Title:

owner

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

B0805-0969 06/08/2023 9:17 AM Received by Office of the Idaho Secretary of State