



Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 12/31/2018

Reporting Year: 2018

Return completed form within 30 days to

Idaho Secretary of State

Attn: Annual Reports

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: 585249

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 12/18/2017

Formation Locale: ID

Name and Mailing Address:

DOUBLE S LAND & LIVESTOCK, LLC

PO BOX 881

ASHTON, ID 83420

(1) Add or Change Mailing Address:

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

MICHAEL G STEINMAN

911 IDAHO ST

ASHTON, ID 83420

(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:

(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	Michael G. Steinmann	P.O. Box 881 911 Id. St.	Ashton ID 83420
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Kim Lee Steinmann	P.O. Box 881 911 Id. St.	Ashton ID 83420
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<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:

Michael Steinmann

(6) Date:

1-25-19

(7) Type/Print Name:

Michael Steinmann

(8) Title:

Owner

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.

B0079-3018 01/29/2019 11:17 AM Received by ID Secretary of State Lawrence Denney