



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](http://sosbiz.idaho.gov)

Due no later than: 10/31/2020

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: 143323

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 10/20/2005

Formation Locale: ID

**Name and Mailing Address:**

FIRE N ICE PERFORMANCE PRODUCTS, LLC

860 CRANMER AVE

IDAHO FALLS, ID 83401-4947

(1) Add or Change Mailing Address:

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

PAUL HURLEY

860 CRANMER AVE

IDAHO FALLS, ID 83401

(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 | Paul Hurley | 860 Cranmer Ave  | Idaho Falls ID 83401 |
| <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            |             |                  |                      |
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| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |             |                  |                      |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem            |             |                  |                      |

(5) Signature:

*Paul Hurley*

(6) Date:

10/19/20

(7) Type/Print Name:

Paul Hurley

(8) Title:

Owner

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

B0538-7626 10/23/2020 10:32 AM Received by ID Secretary of State Lawrence Denney