

Idaho Limited Liability Company Annual Report Form

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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

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Annual Report: No filing fee if received by the due date.						Due no later than: 01/	/31/202 3
	umber: 119700	_	tatus: Active	-			7
Limited Liability Company (D) Date			ormed: 01/10/	2005	Formation	Locale: ID	r C
Name and Mai l TERM, LLC 714 D ST LEWISTON, ID	-			(1)	Add or Change Mail	ng Address:	
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	ered Agent (RA) Signatur ty Companies: Enter names a	If a nev				t must sign here to accept the ap	
These will not be	accepted. Changes here will	not affect the	entity mailing	address.	If more space is n	eeded, please add an atta	chment.
Manager/Member			Business Address			City, State, Zip	
Mgr ☐ Mem	MICHARL G. FO		714 1	,	ert	LEWISTON, J.D.	83501
Mgr ˆ⊠Mem		TIETT	714 11		RET	LEWISTON, ID	83501
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5) Signature:	Tak B. Fal	litt		(6)	Date: 3/13	3/2023	(
(7) Type/Print Name		FALL	ETT		Title: MALIA	ABR	<u>_</u>
	ibly complete the form above. Significant complete the form above.				100/6-00	<u> </u>	