



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 #: 0005158474

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Due no later than: 01/31/2023

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

SOS Control Number: 119700
Limited Liability Company (D)

Filing Status: Active-Existing
Date Formed: 01/10/2005

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

TERM, LLC
714 D ST
LEWISTON, ID 83501-1827

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

(2) Change RA and/or RO Address:

MICHAEL G FOLLETT
714 D STREET
LEWISTON, ID 83501

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	MICHAEL G. FOLLETT	714 "D" STREET	LEWISTON, ID. 83501
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	THERA K. FOLLETT	714 "D" STREET	LEWISTON, ID 83501
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	RENY M. FOLLETT	714 "D" STREET	LEWISTON, ID 83501
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	EMERSON G. FOLLETT	714 "D" STREET	LEWISTON, ID 83501
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature: Michael G. Follett

(6) Date: 3/13/2023

(7) Type/Print Name: MICHAEL G. FOLLETT

(8) Title: MANAGER

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

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