



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 03/31/2020

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: 541369

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 03/03/2017

Formation Locale: ID

Name and Mailing Address:

PRECISION PAINTING PLUS & REMODELING LLC

2539 N CURRANT PL

BOISE, ID 83704-5594

(1) Add or Change Mailing Address:

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

RICHARD L LEFAVOUR

9743 W WOODCHUCK LN 03/03/2017

BOISE, ID 83704

(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	Richard LeFavour	2539 N CURRANT PL	BOISE ID 83704
<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			
<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:

[Signature]

(6) Date:

May 18 / 2020

(7) Type/Print Name:

Richard LeFavour

(8) Title:

owner

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

B0507-2593 05/12/2020 10:01 AM Received by ID Secretary of State Lawrence Denney