



# Idaho Limited Liability Company Annual Report Form

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

Due no later than: 04/30/2019

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: 458140

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 04/17/2015

Formation Locale: ID

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

MOSER'S LAWN CARE & HANDYMAN SERVICES LLC

3947 E 2ND AVE #314

POST FALLS, ID 83854

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

(2) Change RA and/or RO Address:

ROBIN A MOSER

3947 E 2ND AVE #314

POST FALLS, ID 83854

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	ROBIN A. MOSER	3947 E. 2ND AVE. #314	POST FALLS ID. 83854
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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(5) Signature:

*Robin A. Moser*

(6) Date:

6/6/19

(7) Type/Print Name:

ROBIN A. MOSER

(8) Title:

OWNER

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

B0026-5565 07/08/2019 10:27 AM Received by ID Secretary of State Lawrence Denney