



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 04/30/2020

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: 603556

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 04/20/2018

Formation Locale: ID

Name and Mailing Address:

STYLIST SALON CALDWELL L.L.C. (THE)

721 GRANT ST

CALDWELL, ID 83605-4133

(1) Add or Change Mailing Address:

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

LAURIE GIBSON

2207 WOOD SPRINGS AVE

CALDWELL, ID 83605

(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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Michael Gibson	721 Grant St.	Caldwell ID 83605
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Lauree Gibson	2207 Wood Springs Ave	Caldwell ID 83605
<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:

Lauree Gibson

(6) Date:

5-4-2020

(7) Type/Print Name:

Lauree Gibson

(8) Title:

Owner

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

B0506-1570 05/06/2020 9:56 AM Received by ID Secretary of State Lawrence Denney