



## **Idaho Limited Liability Company Annual Report Form**

File online at: sosbiz.idaho.gov

Due no later than: 08/31/2020

Port Form

Return completed form within 30 days to: 00 Idaho Secretary of State
Attn: Annual Reports
450 North 4th Street
Boise ID 83720 Boise. ID 83720

| Mgr         Mem         J           Mgr         Mem         I  | Annual Report: No filing fee if received by the due date. |  |  |              | Phone: (208) 334-2300 |                  |          |   |
|--|---|--|--|--------------|-----------------------|------------------|----------|---|
| M&M FABRICATION LLC PO BOX 163 CAMBRIDGE, ID 83610-0163  Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address: MIKE PONTIUS 2981 CEMETERY RD CAMBRIDGE, ID 83610  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  |   |  | - ·  |              | Formation Locale: ID  |                  |          | ,                                       |
| MIKE PONTIUS 2981 CEMETERY RD CAMBRIDGE, ID 83610  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 about 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  Mar  | M&M FABRICA<br>PO BOX 163                                 | ATION LLC                                    | (*   | 1) Add or Ch | ange Mailing          | Address:         |          | t<br>(                                  |
| (4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as about 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   | MIKE PONTIU<br>2981 CEMETE<br>CAMBRIDGE,                  | IS<br>ERY RD<br>ID 83610<br>Note: The Regist | tered Office address must be a physical                              |              |                       |                  |          | , ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( |
| Mgr   Mem  | (4) Limited Liabil  | lity Companies: Enter names                  | If a new agent is appointed in items and addresses of Managers OR Me | mbers. Do    | NOT put 's            | ame as last year | or 'same | as above                                |
| Mgr   Mem  |   | Name   | Business Address   |              |                       | City, State, Zip | )        |   |
|  | Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem                   | Mile Pontous                                 | 2981 Ceme  | teng         | RI                    | Cambadge         | Id       | 834/0 <del>.</del><br>                  |
| Mgr Mem  | Mgr Mem Mgr Mem Mgr Mem Mgr Mem                           |  |  |              |                       |                  |          | , , , , , , , , , , , , , , , , , , ,   |
| (5) Signature: (6) Date: 8-31-20   |   |  |  |              |                       |                  |          |   |
| (5) Signature: (6) Date: 8-3/-20  (7) Type/Print Name: (8) Title: (8) Title: (9) Title: (1) Type/Print Name: (2) Type/Print Name: (3) Type/Print Name: (4) Type/Print Name: (5) Type/Print Name: (6) Date: (6) Date: (7) Type/Print Name: (7) Type/Print Name: (7) Type/Print Name: (8) Ty | (7) Type/Print Nam  | m.b.V  | That "   | 6) Date:     | 8-3                   | 1-20             |          | <u> </u>                                |