



# Idaho Limited Liability Company Annual Report Form

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

Due no later than: 06/30/2019

Return completed form within 30 days:

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: 107448

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 06/24/2004

Formation Locale: ID

## Name and Mailing Address:

SIMONS ENTERPRISES, LLC

165 N 900 W

BLACKFOOT, ID 83221

(1) Add or Change Mailing Address:

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

TELFORD J SIMONS

165 N 900 W

BLACKFOOT, ID 83221

(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	Telford J Simons	165 N 900 W	Blackfoot, ID 83221
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Betty J Simons	165 N 900 W	Blackfoot, ID 83221
<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: Betty Simons

(6) Date: 8/8/19

(7) Type/Print Name: BETTY SIMONS

(8) Title: owner

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

B0317-5188 09/03/2019 1:13 PM Received by ID Secretary of State Lawrence Denney