



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

File online at: sosbiz.idaho.gov

Annual Report: No filing fee if received by the due date.

Due no later than: 05/31/2020

Idaho Secretary of State				
Attn: Annual Reports				
450 North 4th Street				
Boise, ID 83720				

Return completed form within 30 days to

Phone: (208) 334-2300

SOS Control N Limited Liability	umber: 349635 Company (D)	Filing Status: Active-Existing Date Formed: 05/03/2012	g Formation L	ocale: ID
Name and Mai GARRETT OU 560 W GRAND MALAD CITY, I	ling Address: FDOORS LLC VIEW DR		1) Add or Change Mailin	
Registered Ag GAYLEN GARF 560 W GRAND MALAD CITY, I	VIEW DR	fice (RO) Address:	2) Change RA and/or RO	O Address:
	ered Agent (RA) Signature	If a new agent is appointed in item	(2) above, the new agent r	stal box).  must sign here to accept the appointment  same as last year' or 'same as abov
		ot affect the entity mailing address  Business Address		
Mgr Mem	Gaylen Carrett	Stoll Grandvier	, Dr	MJ>0 .TD 83352
(5) Signature:	Sayle Dave	ne It	6) Date:	15-20 10
(7) Type/Print Name	· Gaylen G	accept (	8) Title: Own	erd Manger
Instructions: Leg	ibly complete the form above. Sign	and date this form and return to the a	address provided above.	J