



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 01/31/2022

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: 307962

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 01/12/2011

Formation Locale: ID

Name and Mailing Address:

L & O FARMS AND STORAGE, LLC

456 3RD ST E

HANSEN, ID 83334-4930

(1) Add or Change Mailing Address:

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

THOMAS E GIBSON

456 3RD ST E

HANSEN, ID 83334

(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 checked="" type="checkbox"/> Mem	Thomas E Gibson	456 3RD ST E	HANSEN, ID 83334
<input checked="" type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Andrew N. Kelso	1928 TEMPERANCE LP	TWIN FALLS, ID 83329
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Lynnette Thompson	2514 CARRIDGE WAY	TWIN FALLS, ID 83329
<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

Thomas E Gibson

(6) Date:

1-10-22

(7) Type/Print Name:

Thomas E. Gibson

(8) Title:

MANA Gen

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

B0657-6954 01/14/2022 11:06 AM Received by ID Secretary of State Lawrence Denney