



Idaho Limited Liability Company Annual Report Form

File online at: SO Due on/Before: 02/ Annual Report: No filing fee if If reinstatement is required, the re	728/2018 Repo	rting Year: 2017	Return completed form within 30 day Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83702 Phone: (208) 334-2300	4 3 5 03/12
SOS Control Number: 224316	Filing Status:	Inactive-Dissolv (Administrative)	7 	fee)
Limited Liability Company (D)	Date Formed	: 02/13/2008	Formation Locale: ID	19
Name and Mailing Address: TETON STORM, LLC. 4180 W 9600 S VICTOR, ID 83455		(1)) Add or Change Mailing Address:	10:50 AM
Registered Agent (RA) and Reg NO AGENT AGENT RESIGNED OR INVALID BOISE, ID 83702 (ADA) Note: The	ne Registered Office address i	W 44	Change RA and/or RO Address: MICHEL - JOHN JACOB 1180W 9600 S JI CTOP, ID 83 455 Idaho address (no postal box).	Received by
(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		ness Address	City, State, Zip	72 D
5714 □14		30 W 9600		- 7
(5) Signature: (6) Date: 3 7 2019 th				

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating. Sign and date this form and return to the address provided above.

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