		Idaho Limited Liability Company Annual Report Form					
		File online	e at: sosbiz.idaho.	gov			e e
Annua	Return completed form v Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300 I Report: No filing fee if r		_	]	File #: 000 Date Filed:	r Office Use Only FILED- 6202390 4/8/2025 1:14:0 o later than: 0	0 PM 0
SOS Control N Limited Liability	umber: 546908 Company (D)	•	Status: Active-Existi ormed: 03/29/2017	•	ion Locale:	ID	2025
Name and Mailing Address:  (1) Add or Change Mailing Address:    DR. SOOT CHIMNEY SWEEP LLC  818 W BOISE AVE    BOISE, ID 83706-3835  83706-3835							1:14 PM
Registered Agent (RA) and Registered Office (RO) Address:  (2) Change RA and/or RO Address:    JEFFREY M FRENCH  818 W BOISE AVE    BOISE, ID 83706 (ADA COUNTY)							Received ived by O
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	1	Business Address		City,	State, Zip	 O
Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem (5) Signature: (7) Type/Print Nam	EGGRAY M FVC		SIZ W BDIG	(6) Date: 4-8 (8) Title: MAN	-25 1/0WN	ID 837	the Idaho Secretary o
Instructions: Leg	jibly complete the form above. S	ign and date t	this form and return to the	address provided al	l bove.		f State