



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 05/31/2019

Reporting Year: 2019

Oort Form

Return completed form within 30 days to:

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

Annual Report: No filing fee if received by the due date.				· ·	Phone: (208) 334-2300		
			tatus: Active-Existing ormed: 05/20/2002 Formation		on Locale: ID	P G U	
MAXCO ENTERPRISES, LLC 906 WHEATSTONE IDAHO FALLS, ID 83404				(1) Add or Change Mailing Address: (2) Change RA and/or RO Address:			
) () () ()	
(4) Limited Liabilit	ered Agent (RA) S	ignature: // // // // // // // // // // // // //	ses of Managers OR I	em (2) above, the new a	gent must sign here to accept the put 'same as last year' or 'sa	me as above'	
Manager/Member	Name		he entity mailing address. If more space is n Business Address		City, State, Zip		
Mgr Mem	G. KENT A	TADAULD	906 WHEAT		TOAHO FALLS	83404 1	
(5) Signature:	J. Kent	Rodan	ld	$\frac{\text{(6) Date: } \mathcal{L}_{-2}}{\text{(6) Date: }}$			
(7) Type/Print Name		WADAULD above. Sign and date	this form and return to th	e address provided ab	5, - OWNE	K	

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