

Idaho Limited Liability Company Annual Report Form



Return completed form within 30 days to:

State

		Limited Liability Compaine at: sosbiz.idaho.gov	ny Annual Report Form
	Return completed form within 30 Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300) days to:	For Office Use Only -FILED- File #: 0005934823 Date Filed: 10/9/2024 2:13:00 PM
Annua	Report: No filing fee if received	by the due date.	Due no later than: 10/31/2024
SOS Control N Limited Liability		g Status: Active-Existing e Formed: 10/25/2023 Forma	ation Locale: ID
Name and Mai John Anderson 5714 E WOOD BOISE, ID 837	's Upholstery LLC CROSS DR		
JOHN ANDERS 5714 E WOOD BOISE, ID 837 (3) New Regis	CROSS DR 716 Note: The Registered Office tered Agent (RA) Signature:	e address must be a physical Idaho address a new agent is appointed in item (2) above, the new	(no postal box). v agent must sign here to accept the appointment
		esses of Managers OR Members. Do NO ot the entity mailing address. If more spac	T put 'same as last year' or 'same as above' e is needed, please add an attachment.
Manager/Member Mgr Mem Mgr Mem	Name John C. anderson. Debra S. anderson.	Business Address 5714 & Woodeross DR	City, State, Zip Boise, idaho & 3716 Boise, idaho & 3716
Mgr Mem (5) Signature:	Tolor O O		7,3024
(7) Type/Print Nam	e John C. ander	Son (8) Title: OW	1/61

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