





## STATE OF IDAHO

Office of the secretary of state, Lawerence Denney ANNUAL REPORT

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-FILED-

File #: 0004475511

Date Filed: 11/2/2021 1:25:16 PM

| Entity Name and Mailing Address: Entity Name:                                                         |                            | ALL-IN WELDING & FARRI                          | CATION II C    |
|-------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------|----------------|
| The file number of this entity on the records of the Idaho Secretary                                  |                            | ALL-IN WELDING & FABRICATION, LLC<br>0000437043 |                |
| of State is:                                                                                          |                            |                                                 |                |
| Address                                                                                               |                            | PO BOX 331                                      |                |
|                                                                                                       |                            | NAPLES, ID 83847-0331                           |                |
| Entity Details:                                                                                       |                            |                                                 |                |
| Entity Status                                                                                         |                            | Active-Existing                                 |                |
| This entity is organized under the laws of:                                                           |                            | IDAHO                                           |                |
| If applicable, the old file number of this entity on the records of the Idaho Secretary of State was: |                            | W143448                                         |                |
| The registered agent on record is:                                                                    |                            |                                                 |                |
| Registered Agent                                                                                      |                            | TARA NELSON                                     |                |
|                                                                                                       |                            | Registered Agent                                |                |
|                                                                                                       |                            | Physical Address                                |                |
|                                                                                                       |                            | 7098 ASH STREET                                 |                |
|                                                                                                       |                            | BONNERS FERRY, ID 8380                          | 15             |
|                                                                                                       |                            | Mailing Address                                 |                |
|                                                                                                       |                            | PO BOX 375<br>BONNERS FERRY, ID 8380            | 05-0375        |
| Agent or Address Change                                                                               |                            | ,                                               |                |
| _ ·                                                                                                   |                            |                                                 |                |
| Select if you are appointing a ne                                                                     | ew agent.                  |                                                 |                |
| Limited Liability Company Managers and Memb                                                           | pers                       |                                                 |                |
| Name                                                                                                  | Title                      | Bu                                              | siness Address |
| Allin Rinehart                                                                                        | Member                     | PO BOX 331<br>NAPLES, ID 83847                  |                |
|                                                                                                       |                            | •                                               |                |
| The annual report must be signed by an author Job Title: Member                                       | ized signer of the entity. |                                                 |                |
| Allin Dinahart                                                                                        |                            |                                                 | 11/02/2021     |
| Allin Rinehart                                                                                        |                            | 11/02/2021                                      |                |
| Sian Here                                                                                             |                            |                                                 | Date           |