



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 03/31/2020

Dort Form

Return completed form within 30 days to:

Idaho Secretary of State

		450 North 4	450 North 4th Street		
Annua	Report: No filing fee if r	eceived by the due date.	Boise, ID 83 Phone: (208		,
SOS Control Number: 124647		Filing Status: Active-Existing			
Limited Liability Company (D)		Date Formed: 03/07/2005	Formation Locale: ID		
Name and Mailing Address: REMOVE CASTERS, LLC		(1)	Add or Change Mailir	ng Address:	F-
5505 N PIONE					
COEUR D ALE	NE, ID 83815-8633				r
					j
Registered Ag	ent (RA) and Registered	Office (RO) Address: (2)	Change RA and/or R	O Address:	7
5505 PIONEER					(
COEUR D'ALENE, ID 83815					⊢
					0
	Note: The Registe	ered Office address must be a physical I	daho address (no po	estal box),	
(3) New Pegiet	tered Agent (RA) Signatu	· ·		·	Ä
(o) item itegis	cica Agent (IVA) Olgitata	If a new agent is appointed in item (2) above, the new agent	must sign here to accept the appo	ointment.
(4) Limited Liabili These will not be	ty Companies: Enter names accepted. Changes here wil	and addresses of Managers OR Mem	bers. Do NOT put '	same as last year' or 'same	as above
Manager/Member	Name	Business Address		City, State, Zip	Ť
Mgr Mem	Thothy TKOM	er 5505 Pluneer	Way	CLA. TO 83	815
Mgr Mem Mgr Mem	100 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	- Mr. F /	<i>V</i>	CLA. IN EBB	
Mgr Mem	Mark F Koemer	- STOS Huner	Way	LUA, IN USO.	<u> </u>
Mgr Mem					
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MgrMem				<u> </u>	
(5) Signature:	70	(6)	Date: 3-10-2	oro	{
(7) Type/Print Name: Tim Karne—			6) Date: 3-10-2020 8) Title: Manager		
Instructions: Leg	ibly complete the form above. S	ign and date this form and return to the add	dress provided above.		