

B0243-1238 05/08/2019 11:15 AM Received by ID Secretary of State Lawrence Denney



# Idaho Limited Liability Company Annual Report Form

File online at: [sos.idaho.gov](http://sos.idaho.gov)

Due no later than: 03/31/2019

Return completed form within 30 days to:

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83720

Phone: (208) 334-2300

**Annual Report: No filing fee if received by the due date.**

SOS Control Number: 125229

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 03/14/2005

Formation Locale: ID

**Name and Mailing Address:**

(1) Add or Change Mailing Address.

V&S LLC

PO BOX 566

TWIN FALLS, ID 83303

**Registered Agent (RA) and Registered Office (RO) Address:**

(2) Change RA and/or RO Address.

DOUGLAS VOLLMER

210 6TH AVE EAST

TWIN FALLS, ID 83301

Note: The Registered Office address must be a physical Idaho address (no postal box)

**(3) New Registered Agent (RA) Signature:**

*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	Business Address	City, State, Zip
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	John J. Straubhar	5301 Warm Springs Ave. Apt A-202	Boise, ID 83716
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

(6) Date: 5/7/19

(7) Type/Print Name:

Doug Vollmer

(8) Title: Manager

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