



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 02/28/2020

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: 5822
Limited Liability Company (D)

Filing Status: Active-Existing
Date Formed: 02/14/1995

Formation Locale: ID

Name and Mailing Address:

TURF BROTHERS, L.L.C.
1628 S DIVISION AVE
BOISE, ID 83706-3844

(1) Add or Change Mailing Address:

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

DANIEL D. FLEMING
1628 S DIVISION AVE
BOISE, ID 83706

(2) Change RA and/or RO Address:

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	DANIEL D. FLEMING	1628 Division	Boise ID 83706
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Anthony Fagiano	11531 W. Rail St	Boise, ID 83709
<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: *[Handwritten Signature]*

(6) Date: 2/4/20

(7) Type/Print Name: DANIEL D. FLEMING

(8) Title: MEMBER

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

B0476-1684 02/07/2020 2:05 PM Received by ID Secretary of State Lawrence Denney