



	dano Limited Liability Company Annual Report Form									
	File online at: SOSBIZ idaho.gov						0 days to			
	Due on/B	efore: 05/31/2018		Repoi	rting Year: 2018		Idaho Secreta Attn: Annual	Reports		
Annual Repo	ort: No fil	ing fee if received	by due d	ate.	· · · · · · · · · · · · · · · · · · ·	1	450 North 4th Boise, ID 837			
If reinstatement is required, the reinstatement fee is \$30.00.							Phone: (208)			
SOS Control N	Jumher	4 21566	Filing S	Status	Inactive-Dissolv	ed.		Reinstate Entity	(\$30 fee)	
				(Administrative))			
Limited Liability Company (D) Date				Formed: 05/21/2014 Forma			Formation L	on Locale: ID		
Name and Ma	_				(1)	Add or	Change Mailing	Address:		
ALL ABOUT SAFETY LIMITED LIABILITY COMPANY						4553				
872 EAST MARTELLO LANE MERIDIAN, ID 83646					BRAVEHEART STREET					
	000*10					,	•	83616		
							10,7 37	0 3 0 1 0		
-	jent (RA)	and Registered Of	fice (RO) Addr	ess: (2)	Chang	e RA and/or RO	Address:		
NO AGENT						Da	vid D.7	pland		
AGENT RESIGNED OR INVALID					4553 Braveheart St.					
BOISE, ID 837	(02 (ADA)	•				•				
						1-0	agle,10	00614		
		Note: The Registered	Office ad	ldress n	nust be a physical l	idaho a	ddress (no pos	tal box).		
(3) New Regis	tered Age	ent (RA) Signature:	(h)) cf	201	ماح	ul			
(4) Limited Liabili These will not be	ity Compar accepted.	nies: Enter names and Changes here will no	d address of affect th	es of M e entity	anagers OR Mem mailing address.	bers. If mor	Do NOT put 's: e space is nee	ame as last year' or 'san ded, please add an atta	ne as above chment.	
Manager/Member	Name			Busin	ess Address			City, State, Zip		
Mgr ☐ Mem	DAV	12 DITOLAN	4	43	53 BRAY	Eh E	ADT ST	EAGIF, 70 83	Calle	
Mgr Mem Mar Mem										
Mgr Mem Mgr Mem										
Mgr Mem									· · · · · · · · · · · · · · · · · · ·	
MgrMem										
☐Mgr ☐Mem										
Mgr Mem										
(5) Signature:	A	001	Oh		(6)	Date:	10/24/	18		
(7) Type/Print Nam	e:	Jana K.	JOI A	بليد	(8)	Title:	MANA	GER		
instructions: Lea	ibly complet	te the form above. Enclo	se a chec	k made	payable to the idai	ho Sec	retary of State f	or \$30 if reinstating.		

Sign and date this form and return to the address provided above.