



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov



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

For Office Use Only

-FILED-

File #: 0005979255

Date Filed: 11/12/2024 4:28:00 PM

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

Due no later than: 10/31/2024

SOS Control Number: 4457537

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 10/21/2021

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

Intermountain Construction & Abatement, LLC

STE 200

25 E FAIRVIEW AVE

MERIDIAN, ID 83642-4940

PO Box 1027

Middleton, ID 83644

(or) 594 Valley St
Middleton, ID
83644

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

(2) Change RA and/or RO Address:

BRYAN KNUFF & ASSOCIATES CPAS, P.A.

515 S FITNESS PL STE 120

EAGLE, ID 83616

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	TINO SILVA	594 Valley St Middleton	Idaho 83644
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Rosalinda Silva	594 Valley St Middleton	Idaho 83644
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Mike Ross	PO 1027 Middleton	Idaho 83644
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Tanya Bass	PO 1027 Middleton	Idaho 83644
<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:

11/07/2024

(7) Type/Print Name:

TINO SILVA

(8) Title:

Member

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

B0959-0816 11/12/2024 4:28 PM Received by Office of the Idaho Secretary of State