



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](https://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 #: 0005904694

Date Filed: 9/19/2024 9:40:00 AM

Due no later than: 07/31/2024

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

SOS Control Number: 204472

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 07/06/2007

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

ELLIS WOODWORKS LLC

4375B N 2300 E

FILER, ID 83328-5160

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

(2) Change RA and/or RO Address:

DAVID E ELLIS

4375 BN 2300 E

FILER, ID 83328

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 checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	David E Ellis	4375 B N 2300 E	Filer, ID 83328
<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:

David E. Ellis

(6) Date:

9/16/24

(7) Type/Print Name:

David E. Ellis

(8) Title:

Manager

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

B0932-5364 09/19/2024 9:40 AM Received by Office of the Idaho Secretary of State