

Idaho Limited Liability Company Annual Report Form

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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.

For Office Use Only

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		Filing Status: Active-Existing Date Formed: 01/14/2021 Formation		on Locale: ID	
Name and Mai A1 Haulers LLC 860 S HASKET	C T ST		(1) Add or Change Mai	r Change Mailing Address:	
MOUNTAIN HC	DME, ID 83647-4955				PM
Registered Ag LORENZO ACE 860 S HASKET MOUNTAIN HO	T ST	ce (RO) Address:	dress: (2) Change RA and/or RO Address:		Received
(3) New Regist	Note: The Registered tered Agent (RA) Signature:	Office address must be a phys	·	·	ر م
(4) Limited Liabili	ty Companies: Enter names and			nt must sign here to accept the appointm t 'same as last year' or 'same as	H1
These will not be	accepted. Changes here will not	affect the entity mailing addre	ess. If more space is i	needed, please add an attachme	
Manager/Member	Name	Business Addres		City, State, Zip	
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(5) Signature:	A Am		(6) Date: /-/O	23	<u> </u>
(7) Type/Print Nam	e: LONENZO AC	EVEDO	(8) Title: Own e	-a.	<u>۷</u>
Instructions: Leg	ibly complete the form above. Sign a	nd date this form and return to th	e address provided abov	e .	H