



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 09/30/2020

Return completed form within 30 days to:

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street

Annual Report: No filing fee if received by the due date.			Boise, ID 83720 Phone: (208) 334-2300	721/
SOS Control Number: 111971		Filing Status: Active-Existing		N 2 N
Limited Liability Company (D)		Date Formed: 09/07/2004	Formation Locale: ID	2
Name and Mai	iling Address:	(1)	Add or Change Mailing Address:	
SKUNK SPRIN	IGS LLC			
PO BOX 140	0.155.04.10			W
VICTOR, ID 83	3455-0140			A
Registered Ag		d Office (RO) Address: (2)	Change RA and/or RO Address:	
Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address: KITCHENER E HEAD				Φ Ω
1850 SKUNK S	SPRINGS LANE			j.
VICTOR, ID 83455				Ce 1∨e d
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	Note: The Regis	stered Office address must be a physical lo	daho address (no postal box).	λq
(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	
(4) Limited Liabili	ity Companies: Enter name	es and addresses of Managers OR Mem	bers. Do NOT put 'same as last year' or 'sa If more space is needed, please add an atl	ime as above nachment. Q
Manager/Member	Name	Business Address	City, State, Zip	
Mgr Mem	Kitchener E	176A6) 1850 Spenk S	mun Care Victor La	<u>, , , , , , , , , , , , , , , , , , , </u>
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Mgr Mem				<u> </u>
(5) Signature:	Etchem &	Head (6)	Date: Quy 7/202	awere
(7) Type/Print Nam	ne: ZHE	(8)	Title:	Narana
			•	١ ٢

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