



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](http://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

Boise, ID 83720

Phone: (208) 334-2300

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

SOS Control Number: 76102

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 09/23/2002

Formation Locale: ID

**Name and Mailing Address:**

TJ SQUARED, L.L.C.  
10137 N STRAHORN RD  
HAYDEN, ID 83835-9101

(1) Add or Change Mailing Address:

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

TERRY B EASTMAN  
10137 N STRAHORN RD  
HAYDEN, ID 83835

(2) Change RA and/or RO Address:

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	TERRY B. EASTMAN	9021 N. GOVERNMENT WAY	HAYDEN ID 83835
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	GERALD F. THOMPSON	9021 N. GOVERNMENT WAY	HAYDEN, ID 83835
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	ESTATE OF JOHN P. MCGUIER	9021 N. GOVERNMENT WAY	HAYDEN, ID 83835
<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:

*Terry B Eastman*

(6) Date:

9/7/20

(7) Type/Print Name:

TERRY B. EASTMAN

(8) Title:

MEMBER

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

B0536-0817 09/11/2020 9:15 AM Received by ID Secretary of State Lawrence Denney