



Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due no later than: 01/31/2019

Reporting Year: 2018

Return completed form within 30 days to:

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

				450 North 4th Street Boise, ID 83720	
Annual Report: No filing fee if received by the due date.			Phone: (208) 334-2300		
SOS Control N	umber: 340345 F	iling Status: Active-Exis	sting		Pulling
Limited Liability Company (D) Date F		ate Formed: 01/26/2012	Porma	tion Locale: ID	1250-141
Name and Mai	ling Address:		(1) Add or Change	Mailing Address:	
	OGISTICS LLC		· ·	•	Handlin tu në
808 W 300 N					LD
BLACKFOOT, I	D 83221				trt
	NATIONAL CONTRACTOR OF THE PROPERTY OF THE PRO			ترسين المنافع المستعرب المستعرب المستعرب المستعرب	
	ent (RA) and Registered Office	e (RO) Address:	(2) Change RA and	I/or RO Address:	(1)
BRYCE G ELLI	S				
808 W 300 N	ID 82224				
BLACKFOOT, I	D 63221				Fig. 1. Fig. 1. Participation
	Note: The Registered Of	fice address must be a phys	sical Idaho address (no postal box).	
(3) Now Pogiet	ered Agent (RA) Signature:				, ,
(5) New Negist	ered Agent (IVA) Signature	If a new agent is appointed in i	tem (2) above, the new	agent must sign here to accept the ag	ppointment.
These will not be	ty Companies: Enter names and ac accepted. Changes here will not a	ffect the entity mailing add	ress. If more space		
Manager/Member	Name	Business Addres	is and a second	City, State, Zip	-
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(5) 6:	B. 16 110		(C) D-4-:	12/1/2014	
(5) Signature:	rifa de les		(6) Date:	120/2011	1
(7) Type/Print Name	e: Bryce G E/	1,5	(8) Title:	resident MB	2/mar o
Instructions: Lea	ibly complete the form above. Sign and	date this form and return to the	he address provided a	bove.	
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