



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 04/30/2021

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: 129025
Limited Liability Company (D)

Filing Status: Active-Existing
Date Formed: 04/25/2005

Formation Locale: ID

Name and Mailing Address:

B.S.L.S., L.L.C.
350 GRANDVIEW DR
ST MARIES, ID 83861-9724

(1) Add or Change Mailing Address:

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

MICHAEL A BUELL
350 GRANDVIEW DR
ST MARIES, ID 83861

(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	Gary Schwartz	160 Sawyer Lane	St Maries ID 83861
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Scott Sexton	556 Susie Dr	St Maries Id 83861
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Mike Lewis	62180 South Hwy 97	St Maries Id 83861
<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: *Michael A Buell*

(6) Date: *4-14-21*

(7) Type/Print Name: *Michael A Buell*

(8) Title: *Mgr.*

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

B0594-4366 04/19/2021 1:20 PM Received by ID Secretary of State Lawrence Denney