



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Dort Form
Return completed form within 30 days to: Idaho Secretary of State Due no later than: 04/30/2020

Attn: Annual Reports

						450 North 4t	h Street	ű ű
Annual Report: No filing fee if received by the due date.						Boise, ID 83720 Phone: (208) 334-2300		
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SOS Control No	_	Filing Status: Active-Existing						
Limited Liability	Date Fo	rmed: 04/20/	/2018	Formation L	ocale: ID	2		
Name and Mail		(1) Add or Change Mailing Address:						
	LEANING & RE	PAIR LLC						<u>.</u> .
PO BOX 521) 92222 0E24							2 7
HAGERMAN, I	0 00002-0021							
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	ent (RA) and Re	egistered	Office (RO)	Address:	(2) Cha	ange RA and/or RC	Address:	<u>ਨ</u>
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221 N ST W								e i Ve
HAGERMAN, I	J 83332							<u>`</u>
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	Note:	The Registe	red Office add	ress must be a	a physical Idah	o address (no po	stal box).	, D
(3) New Regist	ered Agent (RA) Signatu	ro.					λq
(o) item itegist	eled Agellt (IVA	y Olgilatu		v agent is appoin	ted in item (2) abo	ove, the new agent r	nust sign here to accept t	he appointment
(4) Limited Liabilit	v Companies: En	ter names	and addresse	s of Manager	s OR Members	s Do NOT nut 's	ame as last year or	····································
These will not be	accepted. Chang	es here will	not affect the	entity mailing	address. If n	nore space is ne	eded, please add an	attachment.
Manager/Member	Name	-	TE	Business Ad	ldress		City, State, Zip	G
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(5) Signature.	me Eli	illila			(6) Dat	<u> 5//9</u>	12020	<u>=</u>
(7) Type/Print Name	: DAVE	FR	eutle	, /	(8) Title	9: /// AD A 3 A	12020	en
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Instructions: Legi	bly complete the for	m above. Si	ign and date thi	s form and retu	rn to the addres	s provided above.		· · ·