



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov



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

For Office Use Only

-FILED-

File #: 0005333912

Date Filed: 7/28/2023 9:28:00 AM

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

Due no later than: 05/31/2024

SOS Control Number: 610033

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 05/18/2018

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

VIEIRA TRUCKING LLC
JOSEPH T. VIEIRA
95 W 400 S
JEROME, ID 83338-5945

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

(2) Change RA and/or RO Address:

JOSEPH T VIEIRA
95 W 400 S
JEROME, ID 83338

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 last year'. 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	Joseph Vieira	95W 400 S	Jerome ID 83338
<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			
<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:

(6) Date:

(7) Type/Print Name:

(8) Title:

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

B0823-0887 07/28/2023 9:28 AM Received by Office of the Idaho Secretary of State