



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](https://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 #: 0005790931

Date Filed: 6/27/2024 12:39:00 PM

Due no later than: 07/31/2024

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

**SOS Control Number:** 618036  
Limited Liability Company (D)

**Filing Status:** Active-Existing  
**Date Formed:** 07/09/2018

**Formation Locale:** ID

**Name and Mailing Address:**

ERICKSON PAVING/PUMPING LLC  
SCOTT ERICKSON  
PO BOX 240  
SAINT CHARLES, ID 83272-0240

(1) Add or Change Mailing Address:

Scott Erickson  
P.O. Box 240  
St. Charles Id 83272

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

SCOTT ERICKSON  
55 S 100 E  
SAINT CHARLES, ID 83272

(2) Change RA and/or RO Address:

Scott Erickson  
55 South 100 East  
St. Charles, Id 83272

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 checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Scott Erickson	55 South 100 East	St. Charles Id 83272
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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(5) Signature: Scott Erickson

(6) Date: 6-26-24

(7) Type/Print Name: Scott Erickson

(8) Title: 6-26-24

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

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