



Idaho Limited Liability Company Annual Report Form For Office Use Only

File online at: sosbiz.idaho.gov

Due no later than: 05/31/2022

Return complete **-FILED-** 30 days to:

Idaho Secretary of State
Attn: Ann File #: 0004722148
450 North Date Filed: 5/2/2022 2:27:00 PM
Boise, ID 83720
Phone: (208) 334-2300

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

SOS Control Number: 4276357

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 05/06/2021

Formation Locale: ID

Name and Mailing Address:

Ice Box Logging, LLC
29949 N HIGHWAY 41
SPIRIT LAKE, ID 83869

(1) Add or Change Mailing Address:

28017 N. Cold Canyon Trail
Spirit Lake, ID 83869

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

TRAVIS L PULLER
29949 N HIGHWAY 41
SPIRIT LAKE, ID 83869

(2) Change RA and/or RO Address:

28017 N. Cold Canyon Trail
Spirit Lake, ID 83869

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	Travis L. Puller	28017 N. Cold Canyon Trail	Spirit Lake, ID, 83869
<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: *Travis L. Puller*

(6) Date: *4/22/22*

(7) Type/Print Name: *Travis L. Puller*

(8) Title: *Member*

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

B0697-3998 05/02/2022 2:27 PM Received by ID Secretary of State Lawrence Denney