

Idaho Limited Liability Company Annual Report Forn

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| | Phone: (208) 334-2300 | | | Date Filed: 6/26/2025 10:40:00 | MA C | |
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| SOS Control | Number: 87047 | Filing Status: Active-Ex | risting | | | |
| | | Date Formed: 06/05/200 | O3 Form | ation Locale: ID | <u>.,</u> | |
| Name and Ma | ailing Address: | | (1) Add or Change Mailing Address | | s: E | |
| | GSON LOGGING, LLC | | | | 4 | |
| PO BOX 211 | D 00004 0044 | | | | 0 | |
| SI MARIES, I | D 83861-0211 | | š | | AM | |
| Registered A | gent (RA) and Registered (| Office (RO) Address: | (2) Change RA a | and/or RO Address: | र ु 0 | |
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| COEUR D AL | ENE, ID 83814 | | funtio r | | ive | |
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| | Note: The Register | red Office address must be a ph | ysical Idaho addres: | s (no postal box). | ላዋ | |
| (3) New Reni | stered Agent (RA) Signatu | re: | | | Ò | |
| (0) 11011 11081 | | If a new agent is appointed i | n item (2) above, the ne | w agent must sign here to accept the a | appointmen ! | |
| (4) Limited Liab These will not b | ility Companies: Enter names are accepted. Changes here will | and addresses of Managers O not affect the entity mailing ad | R Members. Do No Idress. If more spa | OT put 'same as last year' or 'sa ce is needed, please add an att | me as ab <mark>ove'.</mark> achment.Ω | |
| Manager/Member Name | | <u></u> | Business Address | | City, State, Zip | |
| Mgr X Mem | C. HOWIE HODGSON | PO BOX 211 | | ST MARIES, ID | 3861-0211 | |
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| | a HOLTE HODGON | MDB . | (C) Dakai IIII | IE 23, 2025 | Aug ta | |
| (5) Signature: C. HOWIE HODGSON, MBR. | | | (6) Date: JUA | E 2), 202) | _ | |
| (7) Type/Print Name: C. HOWIE HODGSON, MBR. | | | (8) Title: ME | MBER | | |
| Instructions: L | egibly complete the form above. Si | gn and date this form and return to | the address provided | d above. | о Н | |
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