



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](http://sosbiz.idaho.gov)

Due no later than: 04/30/2021

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

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

SOS Control Number: 59581

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 04/24/2001

Formation Locale: ID

## Name and Mailing Address:

WESTSIDE PETROLEUM PRODUCTS, LLC  
202 COUNCIL CUPRUM RD  
COUNCIL, ID 83612-5058

(1) Add or Change Mailing Address:

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

REED HENDERSON JR  
1919 ELK CROSSING DR  
COUNCIL, ID 83612

(2) Change RA and/or RO Address:

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 | Reed Henderson           | 1919 Elk Crossing Dr | Council Id. 83612 |
| <input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem | Westside Enterprises Inc | 2293 Orchard Rd      | Council Id. 83612 |
| <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:

*Reed Henderson*

(6) Date:

4-5-21

(7) Type/Print Name:

Reed Henderson

(8) Title:

Owner - Member, MGR

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

B0594-2130 04/07/2021 9:58 AM Received by ID Secretary of State Lawrence Denney