

No. W 131335	Reinstatement Annual Report Form ADMIN DISSOLVED 02/23/2016		2. Registered Agent and Office (NOT A P.O. BOX) STEVEN BUD SAXTON 671 W HWY 39 BLACKFOOT ID 83221																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. S&L ENTERPRISES & REPAIR LLC 738 W HWY 39 BLACKFOOT ID 83221		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>STEVEN SAXTON</td> <td>738 W. Hwy 39</td> <td>Blackfoot Id.</td> <td>USA</td> <td></td> <td>83221</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>LISA SAXTON</td> <td>738 W. Hwy 39</td> <td>Blackfoot Id.</td> <td>USA</td> <td></td> <td>83221</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	STEVEN SAXTON	738 W. Hwy 39	Blackfoot Id.	USA		83221	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	LISA SAXTON	738 W. Hwy 39	Blackfoot Id.	USA		83221	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 131335	6. Signature: <u>Steven Saxton</u> Date: <u>01-11-16</u> Name (type or print): <u>Steven Saxton</u> Title: <u>member</u>																																					
Issued 03/22/2016 by TLB																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM