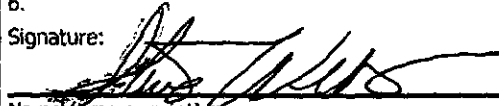


No. W 94861	Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2012		2. Registered Agent and Office (NOT A P.O. BOX) STEVE L WELLS 9530 S POWERLINE RD NAMPA ID 83686
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SS AUTOMOTIVE, LLC STEVE L WELLS 9530 S POWERLINE RD NAMPA ID 83686		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/>	<i>Steve Wells 9530 S Powerline Nampa ID US 83686</i>		
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: x-large;"> IDAHO W 94861 </div>		6. Signature:  Date: <u>10-24-2012</u> Name (type or print): _____ Title: <u>Manager</u>	
Issued 10/22/2012 by CLH			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM