


No. W 1037	Due no later than Apr 30, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) DON STEWART 4940 HATWAI RD LEWISTON ID 83501																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. S&S PUMPING, L.L.C. DON STEWART 4940 HATWAI RD LEWISTON ID 83501		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Don Stewart</td> <td>4940 Hatwai Rd</td> <td>Lewiston</td> <td>Id</td> <td>USA</td> <td>83501</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Miriam Stewart</td> <td>4940 Hatwai Rd</td> <td>Lewiston</td> <td>Id</td> <td>USA</td> <td>83501</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Danny Reed</td> <td>1669 Bryden Ave Suite C, #139</td> <td>Lewiston</td> <td>Id</td> <td>USA</td> <td>83501</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Don Stewart	4940 Hatwai Rd	Lewiston	Id	USA	83501	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Miriam Stewart	4940 Hatwai Rd	Lewiston	Id	USA	83501	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Danny Reed	1669 Bryden Ave Suite C, #139	Lewiston	Id	USA	83501	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;">IDAHO W 1037</div>		6. Signature:  Name (type or print): <u>Don Stewart</u> Date: <u>4-11-17</u> Title: <u>Resident Agent</u>																																				
Issued 03/24/2017 by CLH																																						
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