W 94613

http://www.sos.idaho.gov/CorpPrintForm/display.aspx?enum=.

No. W 94613	Reinstatement Annual Report Form ADMIN DISSOLVED 10/15/2014	2. Registered Agent and Office **(NOT A P.O. BOX)**
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.** SLS BUSINESS LLC SAM L STODDARD ~~1100 HAWKINS WOOD CIRCLE~~ 535 Maple Dr. ~~MIDLOTHIAN VA 23114 USA~~ Rexburg, ID 83440	~~GARREN SHAKESPEAR~~ ~~3089 N. COTTON WOOD LN~~ ~~REXBURG ID 83440~~ Sam Stoddard 535 Maple dr. Rexburg, ID 83440 3. New Registered Agent Signature. Sam Stoddard

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 ☒ Member ☐	Samal Stoddard	535 maple dr	Rexburg	ID	Madison	8344
Manager ☐ Member ☒	Lacey Stoddard	535 maple dr	Rexburg	ID	Madison	83440
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 94613	Signature: Samuel L. Stoddard Name (type or print): Samuel L. Stoddard Date: 11-7-14 Title: Manager/Owner

Issued 11/07/2014 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM