



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Dort Form

Return completed form within 30 days to: 0 Idaho Secretary of State

Annual Report: No filing fee if received by the due date.		Attn: Annual Reports 450 North 4th Street	٥
		Boise, ID 83720	
		Phone: (208) 334-2300	: \
SOS Control Number: 6841	Filing Status: Active-Existing		9
Limited Liability Company (D)	Date Formed: 04/04/1995	Formation Locale: ID	-
Name and Mailing Address: S&S PUMPING, L.L.C. 4940 HATWAI RD	(1)	Add or Change Mailing Address:	7.43
LEWISTON, ID 83501-9628			, 1
Registered Agent (RA) and Register DON STEWART 4940 HATWAI RD LEWISTON, ID 83501	ered Office (RO) Address: (2)	Change RA and/or RO Address:	
(3) New Registered Agent (RA) Sig	If a new agent is appointed in item (2)	above, the new agent must sign here to accept the a	
(4) Limited Liability Companies: Enter na These will not be accepted. Changes he	nmes and addresses of Managers OR Membre will not affect the entity mailing address.	pers. Do NOT put 'same as last year' or 'sai If more space is needed, please add an atta	me as abovell achment. (
Manager/Member Name	Stainer Business Address	City, State, Zip	, (
Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem	Staunt 4940 Hatun of Staunt 4940 Hatu	Carton Law Ton	1083 6 2019 1183 51
Mgr Mem			3
Mgr Mem Mgr Mem			
Mgr Mem			
Mgr Mem		,	ָ <u></u>
Mgr Mem			5
(5) Signature:	liva Konald This	2013/22/21	
(7) Type/Print Name: M. Parn		Title: Office Manager	Č
Instructions: Legibly complete the form abor	ve. Sign and date this form and return to the add	ress provided above.	; 5