

No. W 152560	Reinstatement Annual Report Form ADMIN DISSOLVED 09/27/2017		2. Registered Agent and Office (NOT A P.O. BOX) SHERRY ANDERSON 19372 LOWER PLEASANT RIDGE RD CALDWELL ID 83607-8360																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. S & J PRODUCTS LLC SHERRY ANDERSON 19372 LOWER PLEASANT RIDGE RD CALDWELL ID 83607		3. <u>New</u> Registered Agent Signature. 																																			
REINSTATEMENT FEE DUE: \$30.00	4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☒ Member ☐</td> <td>Sherry Anderson</td> <td>19372 Lower Pleasant Ridge Rd</td> <td>Caldwell</td> <td>ID</td> <td>USA</td> <td>83607</td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>John W. Anderson</td> <td>19372 Lower Pleasant Ridge Rd</td> <td>Caldwell</td> <td>ID</td> <td>USA</td> <td>83607</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☒ Member ☐	Sherry Anderson	19372 Lower Pleasant Ridge Rd	Caldwell	ID	USA	83607	Manager ☐ Member ☒	John W. Anderson	19372 Lower Pleasant Ridge Rd	Caldwell	ID	USA	83607	Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 152560	6.  Signature: _____ Name (type or print): SHERRY ANDERSON Date: 10-06-2017 Title: OWNER/Manager																																					
Issued 10/05/2017 by online 208-989-7453																																						