

No. <b>W 81906</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/28/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> LEWAYNE SCHORZMAN 1103 E 3500 N BUHL ID 83316
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> S & L AVIATION, LLC LEWAYNE SCHORZMAN 1103 E 3500 N BUHL ID 83316		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 type="checkbox"/> Member <input checked="" type="checkbox"/>		LEWAYNE SCHORZMAN 1103 E 3500 N BULL ID, U.S. 83316	
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold; font-size: large;">             IDAHO              W 81906           </div>		6. Signature: <u>LEWAYNE H SCHORZMAN</u> Date: <u>9-6-17</u> Name (type or print): <u>LEWAYNE H SCHORZMAN</u> Title: <u>MEMBER</u>	

Issued 08/09/2017 by SLD

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM