

No. W 98714		Reinstatement Annual Report Form ADMIN DISSOLVED 03/10/2014		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		1. Mailing Address: Correct in this box if needed. SPP IMPORTS LLC TOM CALLAHAN 5111 ALWORTH STE C GARDEN CITY ID 83714 455 S KINGS RD NAMPA ID 83687		THOMAS CALLAHAN 5111 ALWORTH STE C GARDEN CITY ID 83714 455 S KINGS RD NAMPA ID 83687																																			
REINSTATEMENT FEE DUE: \$30.00		455 S KINGS RD NAMPA ID 83687		3. New Registered Agent Signature																																			
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table> <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 <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>THOMAS CALLAHAN</td> <td>2135 S BENELIA WAY</td> <td>NAMPA</td> <td>ID</td> <td>83686</td> <td></td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>PATRICK CALLAHAN</td> <td>14958 HIGHLAND VALLEY RD</td> <td>ESCONDIDO</td> <td>CA</td> <td>92025</td> <td></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> <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"/>	THOMAS CALLAHAN	2135 S BENELIA WAY	NAMPA	ID	83686		Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	PATRICK CALLAHAN	14958 HIGHLAND VALLEY RD	ESCONDIDO	CA	92025		Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 98714		<p>6. Signature:</p>  <p>Name (type or print):</p> <p>Thomas CALLAHAN</p> <p>Date: 2/9/15</p> <p>Title: VP</p>																																					
Issued 02/09/2015 by online																																							

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM