


No. <b>W 98714</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 03/10/2014</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> THOMAS CALLAHAN <del>5111 ALWORTH STE C</del> <del>GARDEN CITY ID 83714</del> <b>455 S KINGS RD</b> <b>Nampa ID 83687</b>																																			
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> SPP IMPORTS LLC TOM CALLAHAN <del>5111 ALWORTH STE C</del> <del>GARDEN CITY ID 83714</del> <b>455 S KINGS RD</b> <b>Nampa ID 83687</b>	3. <u>New</u> Registered Agent Signature:																																		
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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 <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>THOMAS CALLAHAN</td> <td>2635 S BENELIA WAY</td> <td>Nampa</td> <td>ID</td> <td></td> <td>83686</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></td> <td>92025</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	2635 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:  <b>IDAHO</b> <b>W 98714</b>	6. Signature:  Name (type or print): <u>THOMAS CALLAHAN</u> Date: <u>2/9/15</u> Title: <u>VP</u>																																					

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**