


No. W 103855	Reinstatement Annual Report Form ADMIN DISSOLVED 09/23/2014		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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. S AND S MORRIS TRANSPORT LLC. SID MORRIS 1085 S 1700 E EDEN ID 83325		SIDNEY L MORRIS 1085 S 1700 E EDEN ID 83325																																				
			3. New Registered Agent Signature.																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 20%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 5%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 25%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Sid Morris</td> <td>1085 S 1700 E</td> <td>Eden</td> <td>Id</td> <td>Jerome</td> <td>Idaho 83325</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Nancy Morris</td> <td>2485 Dutch L</td> <td>payette</td> <td>Id</td> <td>payette</td> <td>83661</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"/>	Sid Morris	1085 S 1700 E	Eden	Id	Jerome	Idaho 83325	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Nancy Morris	2485 Dutch L	payette	Id	payette	83661	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 103855	6. Signature:  Date: <u>10/23/14</u> Name (type or print): <u>Sid L Morris</u> Title: <u>Manager</u>																																						
Issued 10/23/2014 by online																																							

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM