

No. W 140386	Reinstatement Annual Report Form ADMIN DISSOLVED 11/17/2015		2. Registered Agent and Office (NOT A P.O. BOX) <i>Stormi</i> BRANDON WILLCOXON 3446 E 500 N LEWISVILLE ID 83431
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 & H AUTO & DIESEL, LLC 2141 S GRIZZLY AVE IDAHO FALLS ID 83402		3. <u>New</u> Registered Agent Signature. <i>S Willcoxon</i>
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 checked="" type="checkbox"/> Member <input type="checkbox"/> <i>Brandon Willcoxon</i> <i>2141 Grizzly Ave</i> <i>IDAHO FALLS ID</i>			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> <i>STORMI Willcoxon</i> <i>Bonneville</i> <i>83402</i>			
Manager <input type="checkbox"/> Member <input type="checkbox"/> <i>2141 Grizzly Ave</i>			
Manager <input type="checkbox"/> Member <input type="checkbox"/> <i>IDAHO FALLS ID Bonneville 83402</i>			
5. Organized Under the Laws of:			
IDAHO W 140386		6. Signature: <i>S Willcoxon</i> <hr/> Name (type or print): <i>Stormi Willcoxon</i> <hr/>	
		Date: <i>12/21/15</i> <hr/> Title: <i>Manager</i> <hr/>	
Issued 12/15/2015 by SLD			

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.