| No. W 14912 | | Due no later than Mar 31, 2018 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|------------------|--|--------------------------------|---|---|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. | | SHAREE SKINNER 1030 BIG CREEK CIRCLE | | | | |
| | | S & S, LLC SHAREE SKINNER 1030 BIG CREEK CIRCLE NAMPA ID 83686 | | | NAMPA ID 83686 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compa | ınies: Enter Naı | mes and Addresses of a | t least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MEMBER COLLEEN SK | | ⁄AAR | 3273 EAST 500 NORTH | | LEWISVILLE | ID | | 83431 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: ShaRee Skinner | | | Date: 03/09/2018 | | | |
| W 14912 | | Name (type or print): ShaRee Skinner | | | Title: Member | | | |
| Processed 03/09/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |