

FILED EFFECTIVE

No. W 94613	Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2012		2. Registered Agent and Office (NOT A P.O. BOX) GARREN SHAKESPEAR 840 W 3000 N REXBURG ID 83440																																			
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. SLS BUSINESS LLC SAM L STODDARD 217 LANCASTER GATE DR #202 MIDLOTHIAN VA 23113 USA 1100 Hawkins Wood Circle Midlothian, VA 23114		3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <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>Samuel L. Stoddard</td> <td>1100 Hawkins Wood Circle</td> <td>Midlothian</td> <td>VA</td> <td>USA</td> <td>23114</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Lacey Marie Stoddard</td> <td>1100 Hawkins Wood Circle</td> <td></td> <td></td> <td></td> <td>23114</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"/>	Samuel L. Stoddard	1100 Hawkins Wood Circle	Midlothian	VA	USA	23114	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Lacey Marie Stoddard	1100 Hawkins Wood Circle				23114	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 94613		6. Signature: <u>Samuel L. Stoddard</u> Date: <u>10-13-12</u> Name (type or print): <u>Samuel L. Stoddard</u> Title: <u>Owner/Manager</u>																																				

Issued 10/09/2012 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM