

ID - SOS

6/25/2013 12:30:54 PM PAGE 2/004 Fax Server

No. W 49338 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 07/11/2012 1. Mailing Address: Correct in this box if needed. H & S TRANSPORT, LLC HAROLD SHUMAN 5980 COMMERCE LOOP POST FALLS ID 83854	2. Registered Agent and Office (NOT A P.O. BOX) SHANNON HORN 5980 E COMMERCE LOOP POST FALLS ID 83854 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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Harold Shuman</td> <td>9197 Driftwood</td> <td>Coeur d'Alene</td> <td>ID</td> <td>USA</td> <td>83854</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Shannon Horn</td> <td>285 Simonsen Rd</td> <td>Post Falls</td> <td>ID</td> <td>USA</td> <td>83854</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Laura Horn</td> <td>285 Simonsen Rd</td> <td>Post Falls</td> <td>ID</td> <td>USA</td> <td>83854</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Harold Shuman	9197 Driftwood	Coeur d'Alene	ID	USA	83854	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Shannon Horn	285 Simonsen Rd	Post Falls	ID	USA	83854	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Laura Horn	285 Simonsen Rd	Post Falls	ID	USA	83854	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																															
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Harold Shuman	9197 Driftwood	Coeur d'Alene	ID	USA	83854																															
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Shannon Horn	285 Simonsen Rd	Post Falls	ID	USA	83854																															
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Laura Horn	285 Simonsen Rd	Post Falls	ID	USA	83854																															
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																					
5. Organized Under the Laws of: IDAHO W 49338	6. Signature: <u>Laura Horn</u> Date: <u>6/28/13</u> Name (type or print): <u>LAURA L. HORN</u> Title: <u>Member</u>																																				

Issued 06/25/2013 by CLH

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.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Check either Member or Manager. Enter names and business addresses of managers or members of the limited liability company. **Note:** DO NOT put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed please add an attachment.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

**** The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.**

If the limited liability company is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the limited liability company to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.