


No. <b>W 126415</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 09/23/2014</b>		2. Registered Agent and Office (NOT A P.O. BOX) <b>FRANK BROOKS 255 W CHOCTAW AVE POST FALLS ID 83854</b>																																			
Return to: <b>SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</b>  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. <b>S &amp; S INDUSTRIES, LLC FRANK BROOKS 255 W CHOCTAW AVE POST FALLS ID 83854</b>		3. <u>New</u> 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>Frank Brooks</td> <td>255 W Choctaw Ave</td> <td>Post Falls</td> <td>ID</td> <td></td> <td>83854</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Heidi Brooks</td> <td>255 W Choctaw Ave</td> <td>Post Falls</td> <td>ID</td> <td></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> <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"/>	Frank Brooks	255 W Choctaw Ave	Post Falls	ID		83854	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Heidi Brooks	255 W Choctaw Ave	Post Falls	ID		83854	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Frank Brooks	255 W Choctaw Ave	Post Falls	ID		83854																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Heidi Brooks	255 W Choctaw Ave	Post Falls	ID		83854																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of:  <b>IDAHO W 126415</b>		6. Signature:  Date: <b>Nov. 10, 2014</b> Name (type or print): <b>Francis D. Brooks</b> Title: <b>Owner/member</b>																																				

Issued 11/10/2014 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**