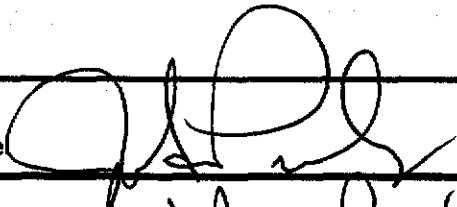


No. <b>C 143967</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 08/06/2009</b>		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) JOANN PICKERING 6754 S OVERLAND IDAHO FALLS ID 83402																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed.  LINDSAY TRUCK AND TOWING, INC.  2271 LINCOLN RD IDAHO FALLS ID 83401		3. New Registered Agent Signature.																					
	4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <table border="1"> <thead> <tr> <th>Office Held</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>Pres</td> <td>JoAnn Pickering</td> <td>2271 E Lincoln</td> <td>EF</td> <td>ID</td> <td></td> <td>83401</td> </tr> <tr> <td>Director</td> <td>Brad Pickering</td> <td></td> <td></td> <td></td> <td>Bonneville</td> <td></td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Pres	JoAnn Pickering	2271 E Lincoln	EF	ID		83401	Director	Brad Pickering				Bonneville
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Director	Brad Pickering				Bonneville																			
5. Organized Under the Laws of:  <b>IDAHO C 143967</b>	6. Signature:  Name (type or print): <u>JoAnn P. Pickering</u>		Date: <u>8.13.09</u> Title:																					
Issued 08/13/2009 by LJM																								