

REINSTATEMENT

| No. C 115170 | | Annual Report Form | | 2. Registered Agent and Office NOT A PO BOX | | | | | | | | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------|--------|------------------------------------------------|-------|-------------|------|------------------------|------|-------|-----|-------|------------------|----------|--------|-------|-------|-----------|------------------|--|--|--|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON P.O. BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address - Please Correct If Not Correct | | DARREL E. ROBESON 545 S 50 W | | | | | | | | | | | | | | | | | | | |
| FEE DUE ADMIN. DISSOLVED 02/05/1998 | | DASHHOUND TRANSPORTATION, INC. DARREL E. ROBESON 545 S 50 W | | BURLEY ID 83318 | | | | | | | | | | | | | | | | | | | |
| | | BURLEY ID 83318 | | 3. Organized Under the Laws of: ID C 115170 | | | | | | | | | | | | | | | | | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>Darrel E Robeson</td> <td>545 S 50</td> <td>Burley</td> <td>Idaho</td> <td>83318</td> </tr> <tr> <td>Secretary</td> <td>Anne T K Robeson</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | | Office Held | Name | Street or P.O. Address | City | State | Zip | Pres. | Darrel E Robeson | 545 S 50 | Burley | Idaho | 83318 | Secretary | Anne T K Robeson | | | | |
| Office Held | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | | | | | | | | |
| Pres. | Darrel E Robeson | 545 S 50 | Burley | Idaho | 83318 | | | | | | | | | | | | | | | | | | |
| Secretary | Anne T K Robeson | | | | | | | | | | | | | | | | | | | | | | |
| 5. Signature of New Registered Agent | | 6. Signature <u>Darrel E Robeson</u> Date <u>6-1-99</u> (Typed or Printed) <u>Darrel E Robeson</u> | | | | | | | | | | | | | | | | | | | | | |

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

- 1.) Please pay special attention to the mailing address. If it is incorrect, please make the appropriate corrections.
NOTE: The name of the business entity cannot be altered on the annual report form.
- 2.) If the registered agent has changed or moved, please make that correction on this form. The registered agent must be found IN IDAHO at a PHYSICAL ADDRESS. PO Boxes WILL NOT be accepted. If report is for a Limited Liability please refer to #4 below.
- 3.) Corporation: Enter names and addresses of ONLY the president, secretary, and directors in block 4.
Limited Liability Company: Enter the names and addresses of the managers or members in block 4.
NOTE: Putting "same as last year" WILL NOT be accepted.
- 4.) Limited Liability Company: If the registered agent has been changed in block 2, then the NEW registered agent must accept that position by signing in block 5.
- 5.) Corporation: Block 6 must be signed by an officer or chairman of the board of the corporation. Signer must specify his or her title.
Limited Liability Company: Block 6 must be signed by a manager or member, who must specify his or her title.
- 6.) If new registered Agent, please sign block 5.

IDAHO SECRETARY OF STATE

06/03/1999 09:00
CK: 3316 CT: 116319 BH: 222248

1 @ 30.00 = 30.00 CORP REINS # 2

C 115170

98 JUN -3 AM 8:54
STATE OF IDAHO

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