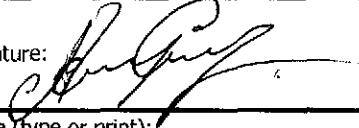


No. <b>W 169191</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 10/27/2017</b>  <b>1. Mailing Address: Correct in this box if needed.</b> SHIPPING FREIGHT LLC ALIMDAR SHARAFOV PO BOX 5477 TWIN FALLS ID 83303	<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> ALIMDAR SHARAFOV 1148 TRAIL CREST RD TWIN FALLS ID 83301  <b>3. New Registered Agent Signature.</b>																																							
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>ALIMDAR Sharafov</td> <td>1148 Trail Crest Rd</td> <td>Twin Falls</td> <td>ID</td> <td></td> <td>83301</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> <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"/>	ALIMDAR Sharafov	1148 Trail Crest Rd	Twin Falls	ID		83301	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>												
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<b>5. Organized Under the Laws of:</b>  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 169191</b> </div>	<b>6.</b> Signature:  Date: <u>1/30/18</u> Name (type or print): <u>ALIMDAR SHARAFOV</u> Title: <u>Member</u>																																								

Issued 01/30/2018 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**