

FILED EFFECTIVE

No. W 50077	Reinstatement Annual Report Form ADMIN DISSOLVED 07/06/2007		2. Registered Agent and Office (NOT A P.O. BOX) JOHN V CHRISTOPHERSEN 33 WEST 300 NORTH MALAD ID 83252 <i>245 West 400 North</i>																						
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. JVC TRUCKING, LLC JOHN V CHRISTOPHERSEN 33 WEST 300 NORTH MALAD ID 83252 <i>245 West 400 North</i>		3. <u>New</u> Registered Agent Signature. 																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <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>President</td> <td>John Christopher</td> <td>245W 400N</td> <td>Malad</td> <td>ID</td> <td>USA</td> <td>83252</td> </tr> <tr> <td>Vice President</td> <td>Kristi Christopher</td> <td>245 W 400 N</td> <td>Malad</td> <td>ID</td> <td>USA</td> <td>83252</td> </tr> </tbody> </table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	John Christopher	245W 400N	Malad	ID	USA	83252	Vice President	Kristi Christopher	245 W 400 N	Malad	ID	USA	83252
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Vice President	Kristi Christopher	245 W 400 N	Malad	ID	USA	83252																			
5. Organized Under the Laws of: IDAHO W 50077		6. Signature: <i>John Christopher</i> Name (type or print): <i>Kristi Christopher</i>			Date: <i>4-8-10</i> Title: <i>VP</i>																				
Issued 04/06/2010 by SLD <i>Member</i>																									