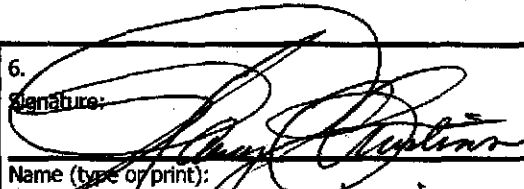


No. <b>W 89136</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 03/10/2014</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> MAX E CHRISTENSEN 850 MCADOO ST BLACKFOOT ID 83221
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> TWO-BIT TRUCKING, LLC MAX E CHRISTENSEN 850 MCADOO ST BLACKFOOT ID 83221		3. <b>New Registered Agent Signature.</b>

4. **Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.**

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Max E Christensen	850 McAdoo St	Brigham			83221
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Nancy J. Christensen	Blackfoot ID				
Manager <input type="checkbox"/> Member <input type="checkbox"/>	(same address for both members)					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 89136</b> </div>	6. <b>Signature:</b>  <hr/> <b>Name (type or print):</b> Nancy J. Christensen	<b>Date:</b> 4-16-14 <hr/> <b>Title:</b> Member
--	--	--

Issued 04/01/2014 by KAH

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM