

No. W 90220	Reinstatement Annual Report Form ADMIN DISSOLVED 04/30/2018		2. Registered Agent and Office (NOT A P.O. BOX) JAXON BATES 4043 W. TEMPLE DR. EAGLE ID 83616	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. ALL-CITY TRANSPORT, LLC JAXON BATES PO BOX 190513 BOISE ID 83719		3. New Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name	Street or PO Address	City	State Country Postal Code
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Jaxon Bates 4043 w. Temple Pr. Eagle ID USA 83616			
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
5. Organized Under the Laws of:		6.		
IDAHO W 90220		Signature	Date: 5/31/18	
		Name (type or print): <u>Jaxon A. Bates</u>	Title: 5/31/18	

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