


No. <b>W 90220</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 04/30/2018</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> 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  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> ALL-CITY TRANSPORT, LLC JAXON BATES PO BOX 190513 BOISE ID 83719		3. <u>New</u> Registered Agent Signature.
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>			
Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Jaxon Bates      4043 W. Temple Dr.      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:  <div style="text-align: center; font-size: large;">             IDAHO W 90220           </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;">           Signature:             Name (type or print): <u>Jaxon A. Bates</u> </div> <div style="width: 35%;">           Date: <u>5/31/18</u>            Title: <u>5-31-18</u> </div> </div>	
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