

No. <b>W 110320</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 04/14/2014</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ALICIA NICHOLS 1087 W RIVER STE 280 BOISE ID 83702																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> MCCREARY TRUCKING LLC GARY MCCREARY 521 W ASH CALDWELL ID 83605		3. <b>New</b> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</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>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Gary McCreary</td> <td>521 W Ash</td> <td>Caldwell</td> <td>ID</td> <td></td> <td>83605</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"/>	Gary McCreary	521 W Ash	Caldwell	ID		83605	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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5. Organized Under the Laws of:  IDAHO W 110320	6. Signature:  Name (type or print): Gary McCreary		Date: 4/23/14 Title: Owner																																			

Issued 04/21/2014 by SLD

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**