

No. W 131274		Reinstatement Annual Report Form ADMIN DISSOLVED 02/27/2018		2. Registered Agent and Office (NOT A P.O. BOX) BRON LEATHAM 1272 N YELLOWSTONE HWY REXBURG ID 83440																																				
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. DIRTY BIRD TRUCKING, LLC BRON A LEATHAM 1272 N YELLOWSTONE HWY REXBURG ID 83440		3. New Registered Agent Signature.																																				
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table> <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>Tim Jenson</td> <td>P.O. 429</td> <td>Rexburg</td> <td>ID</td> <td>Madison</td> <td>83440</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"/>	Tim Jenson	P.O. 429	Rexburg	ID	Madison	83440	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																		
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Tim Jenson	P.O. 429	Rexburg	ID	Madison	83440																																		
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: IDAHO W 131274		<p>6.</p> <p>Signature: </p> <p>Name (type or print): <u>Tim Jenson</u></p> <p>Date: <u>5-7-2018</u></p> <p>Title: <u>VP</u></p>																																						
Issued 03/06/2018 by online																																								