

No. C 201595	Reinstatement Annual Report Form ADMIN DISSOLVED 06/23/2016		2. Registered Agent and Office (NOT A P.O. BOX) JOSE L DUENAS 26305 PIONEER LN PARMA ID 83660
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. DUENAS TRANSPORT INC JOSE L DUENAS 26305 PIONEER LN PARMA ID 83660		3. <u>New</u> Registered Agent Signature.
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.			
Office Held <i>President and Owner</i>	Name <i>Jose L Duenas</i>	Street or PO Address <i>26305 Pioneer LN</i>	City State Country Postal Code <i>Parma ID USA 83660</i>
5. Organized Under the Laws of: IDAHO C 201595		6. Signature: <i>[Signature]</i> Name (type or print): <i>Jose L Duenas</i> Date: <i>10/2/17</i> Title: <i>Owner</i> 	
Issued 09/26/2017 by CLH			