

No. W 9088	Reinstatement Annual Report Form ADMIN DISSOLVED 09/08/2009		2. Registered Agent and Office (NOT A P.O. BOX) <i>608 4th St. Pullman, ID</i> FERRIL RENNER 400 N DIVISION CRAIGMONT ID 83523 <i>83537</i> <i>Jimmie Lynn</i> <i>PO Box 69</i> <i>Kendrick, ID 83537</i>																																			
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. SPECIALIZED TRANSPORT L.L.C. FERRIL RENNER PO BOX 273 FILED EFFECTIVE CRAIGMONT ID 83523 <i>PO Box 69</i> <i>Kendrick, ID 83537</i>																																					
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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Jimmie Lynn</td> <td>PO Box 69</td> <td>Kendrick</td> <td>ID</td> <td>USA</td> <td>83537</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Jimmie Lynn	PO Box 69	Kendrick	ID	USA	83537	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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Jimmie Lynn	PO Box 69	Kendrick	ID	USA	83537																																
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 9088		6. Signature: <i>Jimmie Lynn</i> Date: <i>8-18-18</i> Name (type or print): <i>JIMMIE LYNN</i> Title: <i>Owner</i>																																				