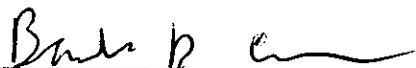



No. <b>W 52192</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 09/22/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> <del>PAM EDWARDS</del> <del>31 N 100 W</del> <del>JEROME ID 83338</del>																																			
Return to: SECRETARY OF STATE 450 N 4th STREET 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> SO-IDA CARRIERS, LLC PO BOX 824 JEROME ID 83338 USA	Bradley D Capps 5439 US Highway 93 Jerome ID 83338  3. <b>New Registered Agent Signature.</b> 																																		
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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>Bradley D Capps</td> <td>PO Box 824</td> <td>Jerome</td> <td>ID</td> <td>USA</td> <td>83338</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"/>	Bradley D Capps	PO Box 824	Jerome	ID	USA	83338	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:  <b>IDAHO</b> <b>W 52192</b>	6. Signature:  Name (type or print): <u>Bradley D Capps</u> Date: <u>11-17-16</u> Title: <u>Owner</u>																																					

Issued 11/17/2016 by online

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

At the time of this form. Pay special attention to the mailing address. If the correct