

No. W 52192	Reinstatement Annual Report Form ADMIN DISSOLVED 09/22/2015					2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. SO-IDA CARRIERS, LLC PO BOX 824 JEROME ID 83338 USA					PAM EDWARDS 31 N 100 W JEROME ID 83338 5439 W Highway 93 Jerome ID 83338
REINSTATEMENT FEE DUE: \$30.00						3. New Registered Agent Signature. <i>Bradley D Capps</i>
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Bradley D Capps</i>	PO Box 824	<i>Jerome ID</i>	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"/>						
5. Organized Under the Laws of:		6.				
IDAHO W 52192		Signature: <i>Bradley D Capps</i>				
		Name (type or print): <i>Bradley D Capps</i>				
		Date: <u>11-17-16</u>				
		Title: <u>Owner</u>				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

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