

| | | | |
|--|---|---|---|
| No. W 100459 | Reinstatement Annual Report Form ADMIN DISSOLVED 05/09/2012 | | 2. Registered Agent and Office (NOT A P.O. BOX) Wendy Christiansen UNITED STATES CORPORATION AGEN 3006 E GOLDSTONE DR STE 218 MERIDIAN ID 83642 USA 2179 E. 1850 S. Malta, Idaho 83342 |
| 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. \C/ LIVESTOCK TRUCKING LLC PO BOX 126 MALTA ID 83342 | | 3. <u>New</u> Registered Agent Signature. Wendy Christiansen |
| 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 checked="" type="checkbox"/> Member <input type="checkbox"/> Kevin Christiansen PO Box 126 Malta Id Cassia 83342 | | | |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Wendy Christiansen PO Box 126 Malta Id Cassia 83342 | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | |
| 5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 100459 </div> | | 6. Signature: Wendy Christiansen Date: 6-13-12 <hr/> Name (type or print): Wendy Christiansen Title: Manager | |
| Issued 06/12/2012 by SLD | | | |

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM