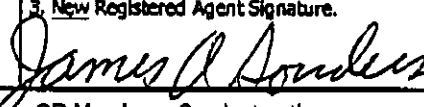





No. W 45851	Reinstatement Annual Report Form ADMIN DISSOLVED 03/08/2011		2. Registered Agent and Office (NOT A P.O. BOX) JAMES SOUDERS 14016 DRISCOLL RD KENDRICK ID 83537																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. JAMES SOUDERS TRUCKING, LLC 14016 DRISCOLL RD KENDRICK ID 83537																																					
			3. New Registered Agent Signature. 																																			
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>James Souders</td><td>14016 Driscoll Rd,</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"/>	James Souders	14016 Driscoll Rd,	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"/>						
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5. Organized Under the Laws of IDAHO W 45851		6. <table border="1"><tr><td>Signature: </td><td>Date: 3-5-13</td></tr><tr><td>Name (type or print): James A. Souders</td><td>Title: OWNER</td></tr></table>		Signature: 	Date: 3-5-13	Name (type or print): James A. Souders	Title: OWNER																															
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Issued 03/05/2013 by CJH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM