

<b>No. W 125852</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 08/15/2014</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> SANTIAGO ROMERO 115 N FRONT ST SUGAR CITY ID 83448																																																	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> ROMERO TRANSPORT LLC PO BOX 505 SUGAR CITY ID 83448		<b>3. <u>New</u> Registered Agent Signature.</b>																																																	
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>																																																				
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>SANTIAGO ROMERO</td> <td>P.O. BOX 505</td> <td>10</td> <td>MADISON</td> <td></td> <td>83448</td> </tr> <tr> <td></td> <td></td> <td>SUGAR CITY,</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>EMMA ACOSTA</td> <td>P.O. BOX 505</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>SUGAR CITY</td> <td>10</td> <td>MADISON</td> <td></td> <td>83448</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"/>	SANTIAGO ROMERO	P.O. BOX 505	10	MADISON		83448			SUGAR CITY,					Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	EMMA ACOSTA	P.O. BOX 505							SUGAR CITY	10	MADISON		83448	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;">IDAHO W 125852</div>		<b>6.</b> Signature: <u><i>Santiago Romero</i></u> Name (type or print): <u>SANTIAGO ROMERO</u> Date: <u>9/2/14</u> Title: <u>MANAGER</u>																																																		
Issued 08/20/2014 by online																																																				

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the