

No. W 84944	Reinstatement Annual Report Form ADMIN DISSOLVED 09/23/2014		2. Registered Agent and Office (NOT A P.O. BOX) STEVE GRANLUND 1002 LINDERMAN RD TROY ID 83871
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. RTC TRUCKING, LLC STEVEN L GRANLUND 1490 DANIELSON RD GENESEE ID 83832		3. <u>New</u> Registered Agent Signature.

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"/>	Steve Granlund	1490 Danielson Rd	Geneese	ID	Latah	83832
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: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 84944 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u><i>Steve Granlund</i></u> </td> <td style="width: 40%;"> Date: <u>1/4/15</u> </td> </tr> <tr> <td> Name (type or print): <u>Steve Granlund</u> </td> <td> Title: <u>Manager</u> </td> </tr> </table>	Signature: <u><i>Steve Granlund</i></u>	Date: <u>1/4/15</u>	Name (type or print): <u>Steve Granlund</u>	Title: <u>Manager</u>
Signature: <u><i>Steve Granlund</i></u>	Date: <u>1/4/15</u>				
Name (type or print): <u>Steve Granlund</u>	Title: <u>Manager</u>				

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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 correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.