




No. W 143913	Reinstatement Annual Report Form ADMIN DISSOLVED 02/23/2016		2. Registered Agent and Office (NOT A P.O. BOX) ALEJANDRO SALDANA 5730 OVERLAND RD BOISE ID 83705
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. RED LINE TRANSMISSION, LLC ALEJANDRO SALDANA 5730 OVERLAND RD BOISE ID 83705		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"/>	Alejandro Saldana	6424 E. Victory Rd.	Nampa,	ID,	USA,	83687
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;"> IDAHO W 143913 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>3/11/16</u> </td> </tr> <tr> <td> Name (type or print): <u>Alejandro Saldana</u> </td> <td> Title: <u>Owner</u> </td> </tr> </table>	Signature: 	Date: <u>3/11/16</u>	Name (type or print): <u>Alejandro Saldana</u>	Title: <u>Owner</u>
Signature: 	Date: <u>3/11/16</u>				
Name (type or print): <u>Alejandro Saldana</u>	Title: <u>Owner</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