

No. W 147967	Reinstatement Annual Report Form ADMIN DISSOLVED 05/31/2018				2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JEFF BARTSCHI 465 N 8TH MONTPELIER ID 83254	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. JEFF BARTSCHI TRANSPORT LLC JEFF BARTSCHI 465 N 8TH MONTPELIER ID 83254				3. New Registered Agent Signature.	
<b>REINSTATEMENT FEE</b> <b>DU<sup>E</sup>: \$30.00</b>						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Jeff Bartschi					465 N 8 <sup>TH</sup> ST
Manager <input type="checkbox"/> Member <input type="checkbox"/>						MONTPELIER IDAHO U.S.A. 83254
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
5. Organized Under the Laws of:  IDAHO W 147967		6. Signature:		Date: <u>7/27/2018</u>		
		Name (type or print): <u>Jeff BARTSCHI</u>		Title: <u>Manager</u>		

Issued 07/27/2018 by SLD

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM