FILED EFFECTIVE

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No. W 5024	Reinstatement Annual Report Form ADMIN DISSOLVED 02/04/2010	2. Registered Agent and Office (NOT A P.O. BOX) MIKE W RICHARDSON
leturn to:		11380 W MONTANA ST
SECRETARY OF STATE	1. Malling Address: Correct in this box if needed.	BOISE ID 83713
450 N 4th STREET PO BOX 83720	MOUNTAIN STATES TRANSPORT LLC	
BOISE, ID 83720-0080	MIKE W RICHARDSON	
	11380 W MONTANA ST	3. New Registered Agent Signature.
	BOISE ID 83713-1129	
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REINSTATEMENT	ı	
FEE DUE: \$30.00	The Manager and Addresses of Managers OR Members	
	ies: Enter Names and Addresses of Managers OR Members. Street or PO Address	CITY State Country resements
Office Held Nam	ke Wrichardson 11380 WMontar	10 St Boise Id USA 83713
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Member boni	fer Richardson 11300W Montana	25 POINT IN SOUR
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5. Organized Under the La	ws of: 6. Signature: Alchaele	e i i i mimingh com i skriggas ki dhe abe
	Signature:	Date: 2/20/1
IDAHO		21 .
W 5024	Name (type or print): Jennifer R	ichardson Title: 2/20/11
Issued 02/19/2010 by SLC		

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct 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**.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. Note: <u>Do not</u> put "same as last year" or "same as above". These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.