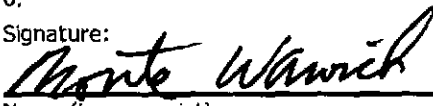
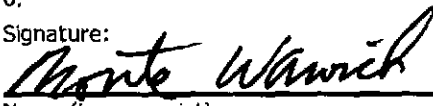
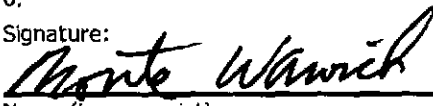


FILED

No. W 145231	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2016		2. Registered Agent and Office (NOT A P.O. BOX)																																			
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. SHROLL FARMS TRUCKING, LLC RUSSELL SHROLL 9249 MISSOURI AVE PO BOX 190093 NAMPA ID 83686 BOISE, ID 83719-0093		MONTE WARWICK 2289 S BONITO WAY STE 100 MERIDIAN ID 83642 1323 S. Five Mile Rd. Boise, ID 83709																																			
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Russell Shroll</td> <td>9249 Missouri Ave</td> <td>Nampa</td> <td>ID</td> <td>USA</td> <td>83686</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> <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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Russell Shroll	9249 Missouri Ave	Nampa	ID	USA	83686	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Russell Shroll	9249 Missouri Ave	Nampa	ID	USA	83686																																
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: IDAHO W 145231		6. <table border="1"> <tr> <td>Signature: </td> <td>Date: 3-15-16</td> </tr> <tr> <td>Name (type or print): Monte Warwick</td> <td>Title: Registered Agent</td> </tr> </table>		Signature: 	Date: 3-15-16	Name (type or print): Monte Warwick	Title: Registered Agent																															
Signature: 	Date: 3-15-16																																					
Name (type or print): Monte Warwick	Title: Registered Agent																																					

Issued 03/11/2016 by online