



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

For Office Use Only
Return completed form to:
Idaho **-FILED-** State

Attn: Reinstatements
File #: 0004747533
450 North 4th Street
Date Filed: 5/9/2022 4:47:00 PM
BOISE, ID 83720

Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 463086

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 05/29/2015

Formation Locale: ID

Name and Mailing Address:

MAURICE JOHNSON TRUCKING LLC.
PO BOX 243
ST MARIES, ID 83861-0243

(1) Add or Change Mailing Address:

Registered Agent (RA) and Registered Office (RO) Address:

ANITA JOHNSON
~~121 HIGHWOOD DR~~
ST MARIES, ID 83861

(2) Change RA and/or RO Address:

Anita Johnson
945 Echo Springs
St Maries Id 83861

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

| Manager/Member | Name | Business Address | City, State, Zip |
|--|-----------------|------------------|--------------------|
| <input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem | Maurice Johnson | 945 Echo Springs | St Maries Id 83861 |
| <input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem | Anita Johnson | 945 Echo Springs | St Maries Id 83861 |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |

(5) Signature:

Anita Johnson

(6) Date:

5-4-22

(7) Type/Print Name:

Anita Johnson

(8) Title:

owner Mgr/Mem

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30.00.

Sign and date this form and return to the address provided above.

B0697-4999 05/09/2022 4:47 PM Received by ID Secretary of State Lawrence Denney