


No. W 90215	Reinstatement Annual Report Form ADMIN DISSOLVED 04/30/2018		2. Registered Agent and Office (NOT A P.O. BOX) RORY K BINGHAM 835 EAST 3400 NORTH CASTLEFORD ID 83321 4214N 1360E Buhl ID 83316 USA																																			
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. BINGHAM TRUCKING LLC RORY K BINGHAM 835 E 3400 N CASTLEFORD ID 83321 USA 4214N 1360E Buhl ID 83316 USA		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="0"> <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> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Rory K Bingham</td> <td>4214N 1360E</td> <td>Buhl</td> <td>ID</td> <td>USA</td> <td>83316</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Kristine Bingham</td> <td>321 main street (Castleford)</td> <td>ID</td> <td>USA</td> <td></td> <td>83321</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> </table>	Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Rory K Bingham	4214N 1360E	Buhl	ID	USA	83316	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kristine Bingham	321 main street (Castleford)	ID	USA		83321	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Apt-A02.		
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Rory K Bingham	4214N 1360E	Buhl	ID	USA	83316																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kristine Bingham	321 main street (Castleford)	ID	USA		83321																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: IDAHO W 90215	6. Signature:  Date: <u>6-7-18</u> Name (type or print): <u>Rory K Bingham</u> Title: <u>6-7-18</u>																																					