




No. <b>W 124926</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 08/31/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> SHILO GARDNER 24 W 50 S BLACKFOOT ID 83221 <div style="text-align: right; font-size: 2em; font-weight: bold;">FILED</div>																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> RENDRAG TRUCKING LLC SHILO GARDNER <del>24 W 50 S</del> <b>172 W. 205 N.</b> BLACKFOOT ID 83221		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Shilo Gardner</td> <td>172 W. 205 N.</td> <td>Blackfoot,</td> <td>ID</td> <td></td> <td>83221</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"/>	Shilo Gardner	172 W. 205 N.	Blackfoot,	ID		83221	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold;">IDAHO W 124926</div>		6. <table style="width: 100%;"> <tr> <td style="width: 50%;">           Signature:             Name (type or print): <u>Shilo Gardner</u> </td> <td style="width: 50%;">           Date: <u>7/30/17</u>            Title: <u>owner</u> </td> </tr> </table>		Signature:  Name (type or print): <u>Shilo Gardner</u>	Date: <u>7/30/17</u> Title: <u>owner</u>																																	
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