

No. <b>W 15244</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 09/11/2018</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JASON MCCLELLAN 370 LINDEN DR IDAHO FALLS ID 83401																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. Mailing Address: <b>Correct in this box if needed.</b> JAMAC TRUCKING, L.L.C. JASON S MCCLELLAN 370 LINDEN DR IDAHO FALLS ID 83401		3. <b>New</b> 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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>JASON McClellan</td> <td>370 Linden Dr</td> <td>Idaho Falls</td> <td>ID</td> <td>Bonneville</td> <td>83401</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Diana McClellan</td> <td>370 Linden Dr</td> <td>Idaho Falls</td> <td>ID</td> <td>Bonneville</td> <td>83401</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	JASON McClellan	370 Linden Dr	Idaho Falls	ID	Bonneville	83401	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Diana McClellan	370 Linden Dr	Idaho Falls	ID	Bonneville	83401	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:  <b>IDAHO W 15244</b>		6. <table border="1"> <tr> <td>Signature: <i>Jason McClellan</i></td> <td>Date: <i>9/18/18</i></td> </tr> <tr> <td>Name (type or print): <i>Jason McClellan</i></td> <td>Title: <i>Manager</i></td> </tr> </table>		Signature: <i>Jason McClellan</i>	Date: <i>9/18/18</i>	Name (type or print): <i>Jason McClellan</i>	Title: <i>Manager</i>																															
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