

No. <b>W 108565</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 02/27/2018</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> FATIMA LOZIC 3037 N WOLVERINE MERIDIAN ID 83642																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> C G TRANSPORT LLC FATIMA LOZIC 6301 OVERLAND RD 102 BOISE ID 83709		<b>3. New Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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 colspan="6">Paul Cogic 3037 N. WOLVERINE Meridian ID 83646</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></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"/>	Paul Cogic 3037 N. WOLVERINE Meridian ID 83646						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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<b>5. Organized Under the Laws of:</b>  IDAHO W 108565		<b>6.</b> Signature: <u>Fatima Lozic</u> Date: <u>4/25/18</u> Name (type or print): <u>Fatima Lozic</u> Title: <u>OWNER</u>																																				

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**