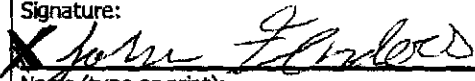


No. W 118276	Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2014		2. Registered Agent and Office (NOT A P.O. BOX) JOHN FLINDERS 2519 E 500 N ST ANTHONY ID 83445																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ITF EXPRESS LLC JOHN FLINDERS 2519 E 500 N ST ANTHONY ID 83445 <div style="text-align: center; font-size: 1.2em;"> 125 E 1st N Rexburg, ID 83440 </div>		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>JOHN FLINDERS</td> <td>2519 E 500 N</td> <td>ST. Anthony</td> <td>30</td> <td></td> <td>83445</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Chyanne FLINDERS</td> <td>2519 E 500 N</td> <td>ST. Anthony</td> <td>30</td> <td></td> <td>83445</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"/>	JOHN FLINDERS	2519 E 500 N	ST. Anthony	30		83445	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Chyanne FLINDERS	2519 E 500 N	ST. Anthony	30		83445	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-size: 1.2em;"> IDAHO W 118276 </div>		6. Signature: <div style="text-align: center;">  <hr/> Name (type or print): <div style="text-align: center; font-size: 1.2em;"> John Flinders </div> </div> <div style="text-align: right; margin-top: 10px;"> Date: <div style="text-align: center; font-size: 1.2em;"> 4-18-14 </div> <hr/> Title: </div>																																				

Received 04/18/2014 by online