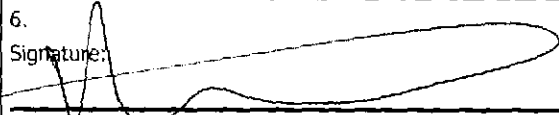


No. <b>W 126000</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 09/22/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> <del>MISTI UNSER</del> <del>92 STROEBEL RD</del> <del>KUNA ID 83634</del> KRIS ZABRISKIE 316 111 Robert Ct Kuna ID 83634
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> FED-X AUTO TRANSPORT LLC MISTI UNSER 92 S STROEBEL RD KUNA ID 83634 KRIS ZABRISKIE 316 111 Robert Ct Kuna ID 83634		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.
 

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	ERICK BLAIR	316 111 ROBERT CT.	KUNA,	ID		83634
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	KRIS ZABRISKIE	316 111 ROBERT CT.	KUNA	ID		83634
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 126000</b> </div>	6. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;">           Signature:              Name (type or print):            KRIS ZABRISKIE         </div> <div style="width: 35%;">           Date:            7-6-16            Title:         </div> </div>
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Issued 07/05/2016 by OK1