

10/27/2014

W 23757

No. W 23757	Reinstatement Annual Report Form ADMIN DISSOLVED 07/10/2013		2. Registered Agent and Office (NOT A P.O. BOX) LATASHA ORR 4391 N 5631 W REXBURG ID 83440																																			
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. DAVID F. ORR TRUCKING LLC LATASHA M ORR 4391 N 5631 W REXBURG ID 83440																																					
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 ☐ Member ☒</td> <td>David f. Orr</td> <td>4391 N 5631 W</td> <td>Rexburg</td> <td>ID</td> <td>USA</td> <td>83440</td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>Latasha^M Orr</td> <td>4391 N 5631 W</td> <td>Rexburg</td> <td>ID</td> <td>USA</td> <td>83440</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☐ Member ☒	David f. Orr	4391 N 5631 W	Rexburg	ID	USA	83440	Manager ☐ Member ☒	Latasha ^M Orr	4391 N 5631 W	Rexburg	ID	USA	83440	Manager ☐ Member ☐							Manager ☐ Member ☐							3. New Registered Agent Signature.
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5. Organized Under the Laws of: IDAHO W 23757		6. Signature: <u>Latasha Orr</u> Name (type or print): <u>Latasha Orr</u> Date: <u>10-27-14</u> Title: <u>member</u>																																				

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