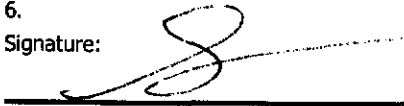


No. W 19249	Reinstatement Annual Report Form ADMIN DISSOLVED 08/07/2012		2. Registered Agent and Office (NOT A P.O. BOX) SCOTT L WIKLUND 790 NORTH 800 EAST SHELLEY ID 83274
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. BADLAND TRANSPORT LLC 790 NORTH 800 EAST SHELLEY ID 83274		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 type="checkbox"/> Member <input type="checkbox"/> Scott Wiklund 790 N 800 E Shelley ID US 83274			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
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; font-weight: bold; font-size: 1.2em;"> IDAHO W 19249 </div>		6. Signature:  <hr/> Name (type or print): <u>Scott Wiklund</u> <hr/> <div style="display: flex; justify-content: space-between;"> <div> Date: <u>8-28-12</u> <hr/> Title: <u>Manager</u> </div> </div>	
Issued 08/24/2012 by LJC			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM