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| No. W 104500 | Reinstatement Annual Report Form ADMIN DISSOLVED 09/27/2017 | | 2. Registered Agent and Office (NOT A P.O. BOX) LARIN D MORTIMER 614 N 1200 W BLACKFOOT ID 83221 |
| 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. MORTIMER TRUCKING L.L.C. 614 N 1200 W BLACKFOOT ID 83221 | | 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 checked="" type="checkbox"/> | LARIN D. MORTIMER | 614 N 1200 W | BLACKFOOT ID USA 83221 |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | LACEY J. MORTIMER | 614 N 1200 W | BLACKFOOT ID USA 83221 |
| 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;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 104500</div> | | 6. Signature: <u>Larin D. Mortimer</u> Date: <u>10/09/17</u> Name (type or print): <u>LARIN D. MORTIMER</u> Title: <u>MEMBER</u> | |
| Issued 10/09/2017 by online | | | |