


No. <b>W 103709</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 08/07/2012</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>  ROBERT L SHIPPY 22272 MARKET RD PARMA ID 83660
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>  RLS TRUCKING, LLC <del>22272 MARKET RD</del> <del>PARMA ID 83660</del> <b>RLS Trucking LLC</b> <b>3108 S Ohio ave</b> <b>Caldwell ID. 83605</b>		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"/>	Robert Shippy      3108 S Ohio av      Caldwell ID.      US      83605		
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-size: 1.2em;"> <b>IDAHO</b>  <b>W 103709</b> </div>		6. Signature:  <hr/> Name (type or print): <div style="text-align: center; font-size: 1.2em;"> <b>Robert Shippy</b> </div>	
		Date: <div style="text-align: center; font-size: 1.2em;"> <b>1-28-16</b> </div> <hr/> Title: <div style="text-align: center; font-size: 1.2em;"> <b>1-28-16</b> </div>	
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