

No. W 103709	Reinstatement Annual Report Form ADMIN DISSOLVED 08/07/2012		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. Mailing Address: Correct in this box if needed. RLS TRUCKING, LLC <del>22272 MARKET RD</del> <del>PARMA ID 83660</del> <i>RLS Trucking LLC 3108 S Ohio ave Caldwell ID. 83605</i>	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"/>	<i>Robert Shippy</i>	<i>3108 S Ohio ave Caldwell ID. US 83605</i>				
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:	6.					
IDAHO	Signature:	Date:				
W 103709		<i>1-28-16</i>				
	Name (type or print):	Title:				
	<i>Robert Shippy</i>	<i>1-28-16</i>				
Issued 01/21/2016 by SLD						
<b>INSTRUCTIONS FOR THIS FORM</b>						