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|--------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| No. <b>W 92739</b>                                                                                                       |  | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 07/12/2011</b>                                                                            |  | 2. Registered Agent and Office (NOT A P.O. BOX)<br><b>JOHN TALLENT</b><br><b>5543 MILLESTREAM WAY</b><br><b>BOISE ID 83714</b><br><b>2409 Oak St</b><br><b>Nampa ID 83687</b> |  |
| Return to:<br><b>SECRETARY OF STATE</b><br><b>450 N 4th STREET</b><br><b>PO BOX 83720</b><br><b>BOISE, ID 83720-0080</b> |  | 1. Mailing Address: Correct in this box if needed.<br><b>TALLENT TRANSPORTATION LLC.</b><br><b>4301 GARRITY BLVD SUITE 102</b><br><b>NAMPA ID 83687</b> |  | 3. New Registered Agent Signature.                                                                                                                                            |  |
| <b>REINSTATEMENT</b><br><b>FEE DUE: \$30.00</b>                                                                          |  |                                                                                                                                                         |  |                                                                                                                                                                               |  |
| <b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>               |  |                                                                                                                                                         |  |                                                                                                                                                                               |  |
| Manager or Member<br>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>                         |  | Name Street or PO Address City State Country Postal Code                                                                                                |  |                                                                                                                                                                               |  |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>                                              |  | <b>John Tallent 2409 Oak St Nampa ID USA 83687</b>                                                                                                      |  |                                                                                                                                                                               |  |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>                                              |  | <b>Vicki Tallent 2409 Oak St Nampa ID USA 83687</b>                                                                                                     |  |                                                                                                                                                                               |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                                         |  |                                                                                                                                                         |  |                                                                                                                                                                               |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                                         |  |                                                                                                                                                         |  |                                                                                                                                                                               |  |
| 5. Organized Under the Laws of:<br><b>IDAHO</b><br><b>W 92739</b>                                                        |  | 6. Signature: <u>Vicki Tallent</u> Date: <u>4/13/12</u><br>Name (type or print): <u>Vicki Tallent</u> Title: <u>Member</u>                              |  |                                                                                                                                                                               |  |
| Issued 04/13/2012 by DK1                                                                                                 |  |                                                                                                                                                         |  |                                                                                                                                                                               |  |

INSTRUCTIONS FOR FILING