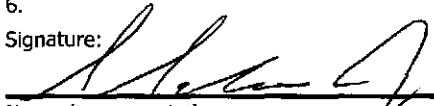


No. W 179684	Reinstatement Annual Report Form ADMIN DISSOLVED 06/29/2018		2. Registered Agent and Office (NOT A P.O. BOX) SANTOS SALINAS 26175 BLUFF LANE PARMA ID 83660																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. S&I TRANSPORT, LLC 26175 BLUFF LANE PARMA ID 83660		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Santos Salinas</td> <td>26175 Bluff Lane</td> <td>Parma</td> <td>ID</td> <td></td> <td>83660</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Santos Salinas	26175 Bluff Lane	Parma	ID		83660	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 179684	6. Signature:  Name (type or print): <u>S Salinas SR</u>			Date: <u>7-7-2018</u> Title: <u>owner</u>																																		

Issued 07/11/2018 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the