


No. <b>W 127906</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 12/01/2014</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> CLAUDE L MILLS 30333 HOT SPRINGS RD BRUNEAU ID 83604																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> C & T TRUCKING LLC 30333 HOT SPRINGS RD BRUNEAU ID 83604		3. <u>New</u> Registered Agent Signature.																																			
<b>REINSTATEMENT FEE DUE: \$30.00</b>																																						
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <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 type="checkbox"/></td> <td>Claude L Mills</td> <td>30333 Hot Springs Rd</td> <td>Bruneau</td> <td>ID</td> <td>Owyhee</td> <td>83604</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td>Teri L Mills</td> <td>30333 Hot Springs Rd</td> <td>Bruneau</td> <td>ID</td> <td></td> <td>83604</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 type="checkbox"/>	Claude L Mills	30333 Hot Springs Rd	Bruneau	ID	Owyhee	83604	Manager <input type="checkbox"/> Member <input type="checkbox"/>	Teri L Mills	30333 Hot Springs Rd	Bruneau	ID		83604	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:  <b>IDAHO</b> <b>W 127906</b>		6. Signature:  Date: 12.4.14 Name (type or print): <u>TERI L Mills</u> Title: <u>MANAGER</u> <u>OWNER</u>																																				

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**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 correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.