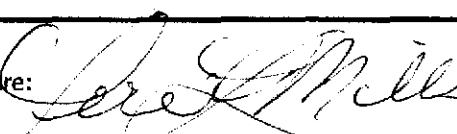


<p>No. W 127906</p> <p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p>REINSTATEMENT FEE DUE: \$30.00</p>		<p>Reinstatement Annual Report Form ADMIN DISSOLVED 12/01/2014</p> <p>1. Mailing Address: Correct in this box if needed. C & T TRUCKING LLC 30333 HOT SPRINGS RD BRUNEAU ID 83604</p>		<p>2. Registered Agent and Office (NOT A P.O. BOX) CLAUDE L MILLS 30333 HOT SPRINGS RD BRUNEAU ID 83604</p>																																				
				<p>3. New Registered Agent Signature.</p>																																				
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table> <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 colspan="6">Claude L Mills 30333 Hot Springs Rd Bruneau ID 83604</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6">Teri L Mills 30333 Hot Springs Rd Bruneau ID 83604</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></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 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"/>						
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 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"/>																																								
<p>5. Organized Under the Laws of: IDAHO W 127906</p>		<p>6. Signature:  Name (type or print): TERI L Mills</p>		<p>Date: 12-4-14</p>																																				
<p>Issued 12/04/2014 by online</p>																																								

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.