

No. W 172487	Reinstatement Annual Report Form ADMIN DISSOLVED 12/28/2017		2. Registered Agent and Office (NOT A P.O. BOX) JON BOWES 2059 OWYHEE AVE BOISE ID 83705
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. TRANSPORTATION SALVATION, LLC JON BOWES 2059 OWYHEE AVE BOISE ID 83705		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 checked="" type="checkbox"/> <i>Jon Bowes</i> <i>2059 owyhee</i> <i>boise</i> <i>ID</i> <i>US</i> <i>83705</i>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> IDAHO W 172487 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature: <i>Jon Bowes</i> Name (type or print): <i>Jon Bowes</i> </div> <div style="width: 35%; text-align: right;"> Date: <i>3/21/18</i> Title: _____ </div> </div>	
Issued 03/21/2018 by JL1			