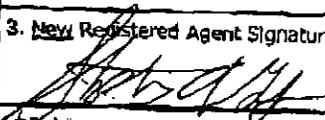
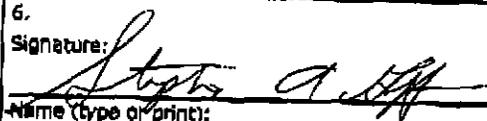


No. W 126521		Reinstatement Annual Report Form ADMIN DISSOLVED 09/22/2015		2. Registered Agent and Office (NOT A P.O. BOX) STEPHEN A GOFF 1124 N STATE ST GRANGEVILLE ID 83530																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720 0080		1. Mailing Address: Correct in this box if needed. S & W TRUCKING LLC STEPHEN A GOFF PO BOX 43 GRANGEVILLE ID 83530-0043		3. <u>New</u> Registered Agent Signature. 																																				
REINSTATEMENT FEE DUE: \$30.00		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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Stephen <sup>Goff</sup></td> <td>Po Box 43</td> <td>Grangeville</td> <td>Id</td> <td>US</td> <td>83530</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Stephen <sup>Goff</sup>	Po Box 43	Grangeville	Id	US	83530	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 126521		6. Signature:  Name (type or print): STEPHEN A GOFF		Date: 9-25-15 Title: <u>Owner</u>																																				
Issued 09/25/2015 by SLD																																								

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM