


No. W 137260	Reinstatement Annual Report Form ADMIN DISSOLVED 07/21/2015		2. Registered Agent and Office (NOT A P.O. BOX) KEVIN MICHAEL NINER 932 S MAIN ST #6 PAYETTE ID 83661 308 W. Maple St New Plymouth, ID 83655																																			
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. 9R TRUCKING LLC 932 S MAIN ST #6 PAYETTE ID 83661 9755 Marmot Ridge Cir Littleton, CO 80125																																		
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>Kevin Niner</td> <td>9755 Marmot Ridge Cir</td> <td>Littleton</td> <td>CO</td> <td>USA</td> <td>80125</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"/>	Kevin Niner	9755 Marmot Ridge Cir	Littleton	CO	USA	80125	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 137260		6. Signature:  Name (type or print): <u>KEVIN MICHAEL NINER</u> Date: <u>9-29-15</u> Title: <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 in Block 1.