

No. W 81252		Reinstatement Annual Report Form ADMIN DISSOLVED 05/13/2011		2. Registered Agent and Office (NOT A P.O. BOX) JOSH ROCHESTER 22450 STATELINE RD PARMA ID 83660	
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. ROCHESTER TRUCKING LLC JOSH D ROCHESTER 22450 STATELINE RD PARMA ID 83660 USA		3. New Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00					
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 type="checkbox"/>		Josh Rochester		22450 Stateline rd Parma, ID 26000 83660	
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: IDAHO W 81252		6. Signature:  Name (type or print): Josh Rochester		Date: 5/14/12 Title: Owner	
Issued 05/14/2012 by LJC					

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 2.