

8/16/2018

W 174006

No. W 174006	Reinstatement Annual Report Form ADMIN DISSOLVED 02/27/2018		2. Registered Agent and Office (NOT A P.O. BOX) JACOB BARCLAY 500 W 100 S PAUL ID 83347																																			
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. BARCLAY TRUCKING LLC 500 W 100 S P.O. Box 157 PAUL ID 83347																																					
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 type="checkbox"/> Member <input checked="" type="checkbox"/></td><td colspan="6">Barclay Family Limited partnership, 656 Bluebell lane, Paul, ID 83347</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><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 checked="" type="checkbox"/>	Barclay Family Limited partnership, 656 Bluebell lane, Paul, ID 83347						Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							3. <u>New</u> Registered Agent Signature.
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5. Organized Under the Laws of: IDAHO W 174006	6. Signature: <u>Martin Barclay</u> Name (type or print): <u>Martin Barclay</u>			Date: <u>8-20-18</u> Title: <u>Manager</u>																																		

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