No. W 127752	Reinstatement Annual Report Form ADMIN DISSOLVED 10/27/2017	2. Registered Agent and Office (NOT A P.O. BOX)
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. TRIONS RIDES LLC TRION ROLLINS 552 N MAIN ST POCATELLO ID 83204	TRION ROLLINS 1355 N ARTHUR AVE POCATELLO ID 83204
reinstatement fee due: \$30.00		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 Member Trion Boltus 552 N main PowerD D U.S. 63201 Manager Member Treson Boltius 582 N main PowerD D U.S. 63201 Manager Member Mem		
5. Organized Under the La IDAHO W 127752	Signature: Name (type or print): Trion Rollins	Date:
Iceued 11/07/2017 by onlin	e e	