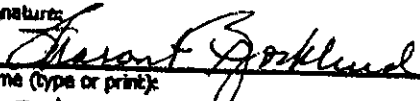
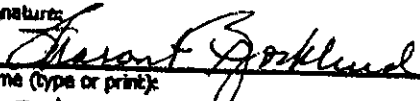
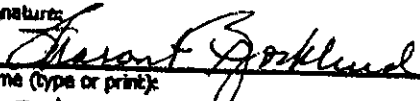


No. W 50926		Reinstatement Annual Report Form ADMIN DISSOLVED 08/07/2012		2. Registered Agent and Office (NOT A P.O. BOX) HECTOR CARDENAS 2451 W BAY POINTE AVE NAMPA ID 83651																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. H & L TRUCKING LLC HECTOR CARDENAS 2451 W BAY POINTE AVE NAMPA ID 83651																																						
REINSTATEMENT FEE DUE: \$30.00				3. New Registered Agent Signature.																																				
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 ☐ Member ☒</td><td>HECTOR CARDENAS</td><td>2451 BAY PONTE</td><td>NAMPA</td><td>ID</td><td></td><td>83651</td></tr><tr><td>Manager ☐ Member ☐</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager ☐ Member ☐</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager ☐ Member ☐</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 ☐ Member ☒	HECTOR CARDENAS	2451 BAY PONTE	NAMPA	ID		83651	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 50926		6. Signatures: <table border="1"><tr><td></td><td>Date: 3-11-13</td></tr><tr><td>Name (type or print): SHARON BJORKLUND</td><td>Title: AGENT</td></tr></table>					Date: 3-11-13	Name (type or print): SHARON BJORKLUND	Title: AGENT																															
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