

<b>No. W 132885</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 04/21/2015</b>  <b>1. Mailing Address: Correct in this box if needed.</b> HUB CITY TRUCKING LLC SHAWN AGUADO 1553 SHOESTRING RD GOODING ID 83330	<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> <del>SHAWN AGUADO</del> 1553 SHOESTRING RD GOODING ID 83330 <i>Wendy Wheeler</i> 1553 Shoestring Rd Gooding ID 83330  <b>3. New Registered Agent Signature.</b> <i>Wendy Wheeler</i>																																							
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>																																									
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </table>	Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td style="width: 25%;">Wendy Wheeler</td> <td style="width: 30%;">1553 Shoestring Rd</td> <td style="width: 10%;">Gooding</td> <td style="width: 10%;">ID</td> <td style="width: 10%;">USA</td> <td style="width: 10%;">83330</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Shawn Aguado</td> <td>1553 Shoestring Rd</td> <td>Gooding</td> <td>ID</td> <td>USA</td> <td>83330</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> </table>						Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Wendy Wheeler	1553 Shoestring Rd	Gooding	ID	USA	83330	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Shawn Aguado	1553 Shoestring Rd	Gooding	ID	USA	83330	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 132885</div>	<b>6.</b> Signature: <i>Wendy Wheeler</i> Date: <u>4/27/15</u> Name (type or print): <u>Wendy Wheeler</u> Title: <u>owner</u>																																								
Issued 04/27/2015 by online																																									

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM