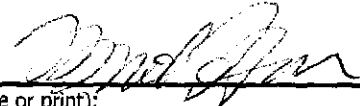


No. W 144105	Reinstatement Annual Report Form ADMIN DISSOLVED 02/27/2018		2. Registered Agent and Office (NOT A P.O. BOX) BRET S HANSEN 1383 W INDUSTRIAL PARK RD PRESTON ID 83263
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. PRESTON TRUCK REPAIR LLC PRESTON TRUCK REPAIR 1383 W INDUSTRIAL PARK PRESTON ID 83263 USA		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 <input checked="" type="checkbox"/> Member <input type="checkbox"/> Bret S. Hansen 1475 S. 300 E. Preston, ID US 83263			
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: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 144105 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature:  Name (type or print): <u>Bret S. Hansen</u> </div> <div> Date: <u>3/6/18</u> Title: <u>owner/ceo</u> </div> </div>	
Issued 03/06/2018 by online			

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