

No. <b>W 84944</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 09/10/2013</b>  <b>1. Mailing Address: Correct in this box if needed.</b> RTC TRUCKING, LLC STEVEN L GRANLUND 1002 LINDERMAN RD TROY ID 83871  <i>1490 Danielson Rd          Carey, ID 83832</i>	<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> STEVE GRANLUND 1002 LINDERMAN RD TROY ID 83871  <b>3. New Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Steve Granlund</td> <td>1490 Danielson Rd</td> <td>Carey</td> <td>ID</td> <td>Latam</td> <td>83832</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> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Steve Granlund	1490 Danielson Rd	Carey	ID	Latam	83832	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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;">IDAHO W 84944</div>	<b>6.</b> Signature: <u><i>Steve Granlund</i></u> Date: <u>10/24/13</u> Name (type or print): <u>Steve Granlund</u> Title: <u>Owner</u>																																				

Issued 09/25/2013 by SLD

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM