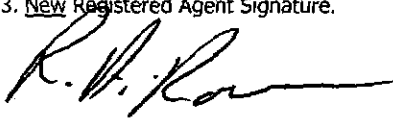





No. W 99196	Reinstatement Annual Report Form ADMIN DISSOLVED 03/12/2012		2. Registered Agent and Office (NOT A P.O. BOX) BOB ROSS 254 LAKESHORE DR SAGLE ID 83860															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. BOB ROSS TRUCKING LLC 254 LAKESHORE DR SAGLE ID 83860		3. New Registered Agent Signature. 															
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																		
<table border="1" 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: 30%;">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: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"> <input checked="" type="radio"/> Manager <input type="radio"/> Member (circle one) </td> <td>Bob Ross</td> <td>254 Lakeshore Dr.</td> <td>Sagle</td> <td>ID</td> <td>USA</td> <td>83860</td> </tr> </tbody> </table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	<input checked="" type="radio"/> Manager <input type="radio"/> Member (circle one)	Bob Ross	254 Lakeshore Dr.	Sagle	ID	USA	83860
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code												
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 99196 </div>		6. <table style="width: 100%;"> <tr> <td style="width: 80%;"> Signature:  </td> <td style="width: 20%;"> Date: 3-31-12 </td> </tr> <tr> <td> Name (type or print): Bob Ross </td> <td> Title: Manager </td> </tr> </table>			Signature: 	Date: 3-31-12	Name (type or print): Bob Ross	Title: Manager										
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Issued 03/23/2012 by LJC																		