

(2 pages)

334-2090

No. W 116418	Reinstatement Annual Report Form ADMIN DISSOLVED 11/14/2013		2. Registered Agent and Office (NOT A P.O. BOX)																												
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. JOEL'S TRUCKING LLC PO Box 2754 Ketchum, Idaho 83340		JOEL DE LA CRUZ 105 MEADOW DR KETCHUM, ID 83340																												
REINSTATEMENT FEE DUE: \$30.00	PHYSICAL ADDRESS: 105 MEADOW DR-KETCHUM ID 83340		3. New Registered Agent Signature. <i>Joel DeLaCruz</i>																												
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></table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																					
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5. Organized Under the Laws of: IDAHO W 116418		6. <table border="1"><tr><td>Signature: <i>Joel DeLaCruz</i></td><td>Date: 1-9-14</td></tr><tr><td>Name (type or print): JOEL DELACRUZ</td><td>Title: MEMBER</td></tr></table>		Signature: <i>Joel DeLaCruz</i>	Date: 1-9-14	Name (type or print): JOEL DELACRUZ	Title: MEMBER																								
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Issued 01/09/2014 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM