

**FILED EFFECTIVE**

| <b>No. W 107797</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | <b>Reinstatement Annual Report Form<br/>ADMIN DISSOLVED 01/14/2013</b>                                                                                                  |         | <b>2. Registered Agent and Office<br/>(NOT A P.O. BOX)</b><br>TRACY PARK<br>907-N-5500-E<br><del>FIRTH ID-83236</del><br>655 N. 900 E.<br>Shelley, ID 83274 |         |                   |      |                      |      |       |         |             |                                                                             |            |              |         |    |         |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------|------|----------------------|------|-------|---------|-------------|-----------------------------------------------------------------------------|------------|--------------|---------|----|---------|-------|------------------------------------------------------------------|--|--|--|--|--|--|------------------------------------------------------------------|--|--|--|--|--|--|------------------------------------------------------------------|--|--|--|--|--|--|
| <b>Return to:</b><br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | <b>1. Mailing Address: Correct in this box if needed.</b><br>CEDAR PARK TRUCKING LLC<br>907-N-5500-E<br><del>FIRTH ID-83236</del><br>655 N. 900 E.<br>Shelley, ID-83274 |         | <b>3. New Registered Agent Signature.</b>                                                                                                                   |         |                   |      |                      |      |       |         |             |                                                                             |            |              |         |    |         |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| <b>REINSTATEMENT FEE<br/>DUE: \$30.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                                                                                                                                                                         |         |                                                                                                                                                             |         |                   |      |                      |      |       |         |             |                                                                             |            |              |         |    |         |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| <b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See instructions.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                                                                                                                                                                         |         |                                                                                                                                                             |         |                   |      |                      |      |       |         |             |                                                                             |            |              |         |    |         |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| <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><tbody><tr><td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td><td>Tracy Park</td><td>655 N. 900 E</td><td>Shelley</td><td>ID</td><td>Bingham</td><td>83274</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 type="checkbox"/> Member <input checked="" type="checkbox"/> | Tracy Park | 655 N. 900 E | Shelley | ID | Bingham | 83274 | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |
| Manager or Member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Name       | Street or PO Address                                                                                                                                                    | City    | State                                                                                                                                                       | Country | Postal Code       |      |                      |      |       |         |             |                                                                             |            |              |         |    |         |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Tracy Park | 655 N. 900 E                                                                                                                                                            | Shelley | ID                                                                                                                                                          | Bingham | 83274             |      |                      |      |       |         |             |                                                                             |            |              |         |    |         |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                                                                                                                                                                         |         |                                                                                                                                                             |         |                   |      |                      |      |       |         |             |                                                                             |            |              |         |    |         |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                                                                                                                                                                         |         |                                                                                                                                                             |         |                   |      |                      |      |       |         |             |                                                                             |            |              |         |    |         |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                                                                                                                                                                         |         |                                                                                                                                                             |         |                   |      |                      |      |       |         |             |                                                                             |            |              |         |    |         |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| <b>5. Organized Under the Laws of:</b><br><br>IDAHO<br>W 107797                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                                                                                                                                                                         |         |                                                                                                                                                             |         |                   |      |                      |      |       |         |             |                                                                             |            |              |         |    |         |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| <b>6. Signature:</b><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | <b>Date:</b><br>2/1/13                                                                                                                                                  |         |                                                                                                                                                             |         |                   |      |                      |      |       |         |             |                                                                             |            |              |         |    |         |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| <b>Name (type or print):</b><br>Tracy D. Park                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | <b>Title:</b><br>Owner                                                                                                                                                  |         |                                                                                                                                                             |         |                   |      |                      |      |       |         |             |                                                                             |            |              |         |    |         |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |

Issued 02/01/2013 by KAH

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**