


No. <b>W 90708</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/09/2012</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> TRAVIS CONDER 338 S MILTON AVE SHELLEY ID 83274
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>	1. <b>Mailing Address: Correct in this box if needed.</b>  FDX AUTO SALES LLC. TRAVIS CONDER 338 S MILTON AVE SHELLEY ID 83274 USA		3. <u>New</u> Registered Agent Signature.
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>			
Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Travis Conder 338 S Milton Ave Shelley ID USA 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"/>			
5. Organized Under the Laws of:  <div style="text-align: center; font-size: large;"> <b>IDAHO</b>  <b>W 90708</b> </div>		6. Signatures:  Date: <u>6-6-12</u> Name (type or print): <u>Travis Conder</u> Title: _____	
Issued 06/04/2012 by JL1			

## 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 mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the