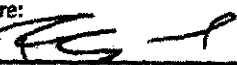


No. W 102518	Reinstatement Annual Report Form ADMIN DISSOLVED 07/11/2012		2. Registered Agent and Office (NOT A P.O. BOX) JAY WARD 1534 BURTON AVE BURLEY ID 83318																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. WARD TRANSPORTATION LLC. PO BOX 32 HANSEN ID 83334																																					
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature.																																			
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> <tbody> <tr> <td>Manager ☐ Member ☒</td> <td>RODNEY WARD</td> <td>125 LITTLE CEDAR ST.</td> <td>HANSEN ID.</td> <td>TRUMP</td> <td>PA</td> <td>83334</td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>JAY WARD</td> <td>1534 BURTON AVE</td> <td>BURLEY ID</td> <td>CASSIA</td> <td></td> <td>83318</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☐ Member ☒	RODNEY WARD	125 LITTLE CEDAR ST.	HANSEN ID.	TRUMP	PA	83334	Manager ☐ Member ☒	JAY WARD	1534 BURTON AVE	BURLEY ID	CASSIA		83318	Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 102518		6. Signature: <u></u> Date: <u>7-26-2012</u> Name (type or print): <u>RODNEY WARD</u> Title: <u>OWNER</u>																																				

Issued 07/25/2012 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM