FILED EFFECTIVE

No. W 49293	Reinstatement Annual Report Form ADMIN DISSOLVED 07/06/2007	2. Registered Agent and Office (NOT A P.O. BOX) THOMAS J GAGETTA 12383 S 1ST E IDAHO FALLS ID 83404
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 FEE DUE $30.00	1. Mailing Address: Correct in this box if needed. TRAILERS WEST, L.L.C. 965 E LINCOLN IDAHO FALLS ID 83404	3. New Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Manager	Thomas J. Gagetta	965 East Lincoln	Idaho Falls	Id	Bonn	83401

SECRETARY OF STATE
STATE OF IDAHO
2007 SEP 20 AM 11:06

5. Organized Under the Laws of:	6.
IDAHO W 49293	Signature: _____ Date: 9-20-07 Name (type or print): Thomas J. Gagetta Title: Manager

Issued 09/20/2007 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. **Note: Putting "same as last year" or "same as above" will not be accepted.**

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the LLC. Print or type the name of the signer below the signature.