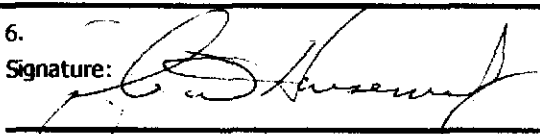


No. W 28565	Reinstatement Annual Report Form ADMIN DISSOLVED 05/08/2008		2. Registered Agent and Office (NOT A P.O. BOX) JOHN W HOUSEMAN JR 310 S WESTWOOD DR POST FALLS ID 83854 3124 N. Bunchgrass Dr Post Falls ID 83854																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. JMH TRANSPORTATION, LLC 310 S WESTWOOD DR 3124 N. Bunchgrass Dr POST FALLS ID 83854		3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%; text-align: left;">Manager or Member</th> <th style="width: 25%; text-align: left;">Name</th> <th style="width: 25%; text-align: left;">Street or PO Address</th> <th style="width: 10%; text-align: left;">City</th> <th style="width: 10%; text-align: left;">State</th> <th style="width: 10%; text-align: left;">Country</th> <th style="width: 15%; text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☒ Member ☐</td> <td>John W. Houseman Jr</td> <td>3124 N. Bunchgrass Dr.</td> <td>Post Falls</td> <td>ID</td> <td>USA</td> <td>83854</td> </tr> <tr> <td>Manager ☒ Member ☐</td> <td>Mary F. Houseman</td> <td>3124 N. Bunchgrass Dr</td> <td>Post Falls</td> <td>ID</td> <td>USA</td> <td>83854</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 ☐	John W. Houseman Jr	3124 N. Bunchgrass Dr.	Post Falls	ID	USA	83854	Manager ☒ Member ☐	Mary F. Houseman	3124 N. Bunchgrass Dr	Post Falls	ID	USA	83854	Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 28565		6. Signature:  Name (type or print): John W. Houseman Jr Date: 7-30-15 Title: Manager																																				
Issued 07/24/2015 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM