

No. W 36138	Reinstatement Annual Report Form ADMIN DISSOLVED 04/11/2011	2. Registered Agent and Office (NOT A P.O. BOX) DENNIS J MUOIO 5048 E SHORELINE 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. AIM HIGH LOGISTICS SERVICES, LLC DENNIS J MUOIO 1810 E SCHNEIDMILLER AVE #321 POST FALLS ID 83854	3. <u>New</u> Registered Agent Signature.

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

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="radio"/> Member <input type="radio"/> (circle one)	<i>Dennis Muoio</i> <i>Managing Partner</i>	<i>1810 E. Schneidmiller Ave.</i>	<i>Post Falls</i>	<i>ID.</i>	<i>USA</i>	<i>83854</i>
<i>Carl Barata</i> <i>Managing Partner</i>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 36138 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> Signature: <i>Dennis Muoio</i> </td> <td style="width: 30%;"> Date: <i>5/13/2011</i> </td> </tr> <tr> <td> Name (type or print): <i>Dennis J. Muoio</i> </td> <td> Title: <i>Co-Partner</i> </td> </tr> </table>	Signature: <i>Dennis Muoio</i>	Date: <i>5/13/2011</i>	Name (type or print): <i>Dennis J. Muoio</i>	Title: <i>Co-Partner</i>
Signature: <i>Dennis Muoio</i>	Date: <i>5/13/2011</i>				
Name (type or print): <i>Dennis J. Muoio</i>	Title: <i>Co-Partner</i>				

Issued 04/29/2011 by LJC

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: Circle either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note:** **Do not** put "same as last year" or "same as above". These 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 limited liability company. Print or type the name of the signer below the signature.