

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 SCHNEIDMILELR 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.																														
<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 <input checked="" type="radio"/> Member (circle one)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Dennis Muoio</td> <td>1810 E. Schneidmiller Ave.</td> <td>Post Falls</td> <td>Id.</td> <td>USA</td> <td>83854</td> </tr> <tr> <td></td> <td>Carl Barata</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 <input checked="" type="radio"/> Member (circle one)								Dennis Muoio	1810 E. Schneidmiller Ave.	Post Falls	Id.	USA	83854		Carl Barata							
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	Carl Barata																													
5. Organized Under the Laws of: IDAHO W 36138	6. Signature: <u>Dennis Muoio</u> Date: <u>5/13/2011</u> Name (type or print): <u>Dennis J. Muoio</u> Title: <u>Co-Partner</u>																													

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.