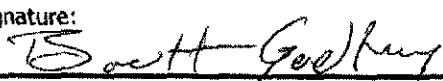
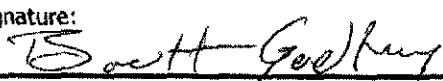
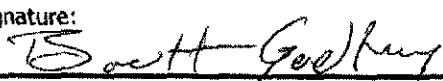


No. W 19064	Reinstatement Annual Report Form ADMIN DISSOLVED 07/10/2013		2. Registered Agent and Office (NOT A P.O. BOX) BARRETT GODFREY 511 CITY ST NEWDALE ID 83436
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. NEWDALE TOWING, LLC GLEN R GODFREY PO BOX 21 NEWDALE ID 83436		3. <u>New</u> Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00			

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="checkbox"/> Member <input checked="" type="checkbox"/>	Barrett Godfrey	Po Box 172	Newdale	ID	USA	83436
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Glen Godfrey	Po Box 21	Newdale	ID	USA	83436
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 19064</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 24, Mar, 2015 </td> </tr> <tr> <td> Name (type or print): Barrett Godfrey </td> <td> Title: Manager </td> </tr> </table>	Signature: 	Date: 24, Mar, 2015	Name (type or print): Barrett Godfrey	Title: Manager
Signature: 	Date: 24, Mar, 2015				
Name (type or print): Barrett Godfrey	Title: Manager				

Issued 03/24/2015 by online