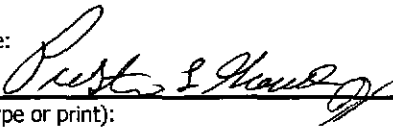


No. <b>W 110881</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/31/2018</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> PRESTON LEE GOAD JR 4620 ADAMS ST GARDEN CITY ID 83714																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> BRONCO TOWING LLC PRESTON LEE GOAD JR PO BOX 46123 BOISE ID 83711		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Manager or Member</th> <th style="width:25%;">Name</th> <th style="width:25%;">Street or PO Address</th> <th style="width:10%;">City</th> <th style="width:10%;">State</th> <th style="width:10%;">Country</th> <th style="width:15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>PRESTON L GOAD JR</td> <td>4620 ADAMS</td> <td>BOISE</td> <td>ID</td> <td>ADR</td> <td>83714</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	PRESTON L GOAD JR	4620 ADAMS	BOISE	ID	ADR	83714	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 110881</b> </div>	6. Signature:  Date: <u>7-19-18</u> Name (type or print): _____ Title: _____																																					

Issued 07/19/2018 by JLI

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the current mailing address is not given in Block 1, please print and write in the correct address. Make sure to use the correct address.**