
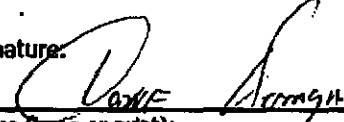


<b>No. W 119129</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 02/14/2014</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b>																																			
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	<b>1. Mailing Address: Correct in this box if needed.</b> MAMBO TRUCKING LLC <del>GOSME ARTEAGA</del> <i>Thurcorp Inc.</i> <del>3264 E 100 N</del> <i>125 E 1st N</i> <del>RIGBY ID 83442</del> <i>Rexburg ID 83440</i>		<del>GOSME ARTEAGA</del> <i>Troy Thurgood</i> <del>3264 E 100 N</del> <i>125 E 1st N</i> <del>RIGBY ID 83442</del> <i>Rexburg ID 83440</i>																																			
<b>REINSTATEMENT FEE DUE: \$30.00</b>			<b>3. New Registered Agent Signature.</b> 																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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="checkbox"/> Member <input type="checkbox"/></td> <td><i>Gosme Arteaga</i></td> <td><i>3264 E 100 N</i></td> <td><i>Rigby</i></td> <td><i>ID</i></td> <td></td> <td><i>83442-5600</i></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"/>	<i>Gosme Arteaga</i>	<i>3264 E 100 N</i>	<i>Rigby</i>	<i>ID</i>		<i>83442-5600</i>	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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<b>5. Organized Under the Laws of:</b>  <b>IDAHO W 119129</b>		<b>6.</b> <b>Signature:</b>  <b>Name (type or print):</b> <i>Gosme Arteaga</i> <b>Date:</b> <i>4/14/14</i> <b>Title:</b> <i>Manager</i>																																				

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM