




No. W 149193	Reinstatement Annual Report Form ADMIN DISSOLVED 06/23/2016		2. Registered Agent and Office (NOT A P.O. BOX)																																			
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. TAP NELLA TRUCKING LLC 1810 E SCHNEIDMILLER AVE 1036 Innovation way STE 141 STE B POST FALLS ID 83854		BREANN EVERETT INTEGRITY BOOKKEEPING SERVICES 1810 E SCHNEIDMILLER AVE #141 POST FALLS ID 83854 1036 Innovation Way Ste B Post Falls, ID 83854																																			
REINSTATEMENT FEE DUE: \$30.00			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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Patrick Allen</td> <td>PO Box 2914</td> <td>Post Falls</td> <td>ID</td> <td>USA</td> <td>83877</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Patrick Allen	PO Box 2914	Post Falls	ID	USA	83877	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;">IDAHO W 149193</div>		6. <table border="1"> <tr> <td>Signature: </td> <td>Date: 5/21/17</td> </tr> <tr> <td>Name (type or print): Patrick Allen</td> <td>Title: member</td> </tr> </table>		Signature: 	Date: 5/21/17	Name (type or print): Patrick Allen	Title: member																															
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