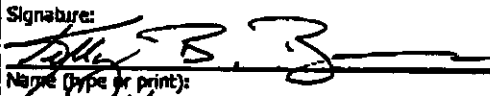


No. W 110015		Reinstatement Annual Report Form ADMIN DISSOLVED 04/15/2013		2. Registered Agent and Office (NOT A P.O. BOX) KELLY BOWEN 16 W 218 S BURLEY ID 83318																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. FLYING B TRANSPORT, LLC PO BOX 1064 BURLEY ID 83318		3. New Registered Agent Signature.																																				
REINSTATEMENT FEE DUE: \$30.00																																								
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 ☒ Member ☐</td> <td>KELLY BOWEN</td> <td>16W.218 So</td> <td>Burley</td> <td>ID</td> <td>USA</td> <td>83318</td> </tr> <tr> <td>Manager ☒ Member ☐</td> <td>CARRIE BOWEN</td> <td>16W.218 So.</td> <td>Burley</td> <td>ID</td> <td>USA</td> <td>83318</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☒ Member ☐	KELLY BOWEN	16W.218 So	Burley	ID	USA	83318	Manager ☒ Member ☐	CARRIE BOWEN	16W.218 So.	Burley	ID	USA	83318	Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 110015		6. Signature:  Date: 4-17-13 Name (Type or print): KELLY B. BOWEN Title: President																																						

Issued 04/17/2013 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM