

<p>No. W 108778</p>	<p>Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2016</p>		<p>2. Registered Agent and Office (NOT A P.O. BOX) DANIEL C GREEN 3620 RED FOX PLACE NEW MEADOWS ID 83654</p>																																								
<p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p>	<p>1. Mailing Address: Correct in this box if needed. D&D GREEN TRUCKING, LLC DIANE GREEN PO BOX 798 NEW MEADOWS ID 83654</p>		<p>3. <u>New</u> Registered Agent Signature.</p>																																								
<p>REINSTATEMENT FEE DUE: \$30.00</p>																																											
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p>																																											
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"></th> <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:10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/></td> <td>Member <input checked="" type="checkbox"/></td> <td>Daniel C. Green</td> <td>P.O. Box 798</td> <td>New Meadows</td> <td>ID</td> <td>Adams</td> <td>83654</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/></td> <td>Member <input type="checkbox"/></td> <td>Diane Green</td> <td>P.O. Box 798</td> <td>New Meadows</td> <td>ID</td> <td>Adams</td> <td>83654</td> </tr> <tr> <td>Manager <input type="checkbox"/></td> <td>Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/></td> <td>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"/>	Daniel C. Green	P.O. Box 798	New Meadows	ID	Adams	83654	Manager <input checked="" type="checkbox"/>	Member <input type="checkbox"/>	Diane Green	P.O. Box 798	New Meadows	ID	Adams	83654	Manager <input type="checkbox"/>	Member <input type="checkbox"/>							Manager <input type="checkbox"/>	Member <input type="checkbox"/>						
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<p>5. Organized Under the Laws of:</p> <p style="text-align: center; font-size: 1.2em;">IDAHO</p> <p style="text-align: center; font-size: 1.2em;">W 108778</p>	<p>6.</p> <p>Signature: <u>Diane Green</u></p> <p>Name (type or print): <u>Diane Green</u></p>			<p>Date: <u>3/9/16</u> Title: <u>Manager</u></p>																																							
<p>Issued 03/09/2016 by online</p>																																											

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM