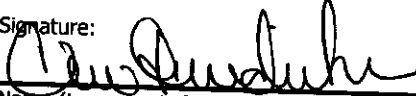


No. W 79652	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2013		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. PRACTICALLY PERFECT TRUCKS LLC. TERI FREDRICKSON 2685 HIGHWAY 3 DEARY ID 83823		TERI FREDRICKSON 2685 HIGHWAY 3 DEARY ID 83823																																			
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>Teri Fredrickson</td> <td>2685 Hwy 3</td> <td>Deary</td> <td>IO</td> <td>USA</td> <td>83823</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Ryan Fredrickson</td> <td>2685 Hwy 3</td> <td>Deary</td> <td>IO</td> <td>USA</td> <td>83823</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"/>	Teri Fredrickson	2685 Hwy 3	Deary	IO	USA	83823	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Ryan Fredrickson	2685 Hwy 3	Deary	IO	USA	83823	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:	6.																																					
IDAHO W 79652	Signature: 	Date: 3-18-13																																				
	Name (type or print): Teri Fredrickson	Title: manager																																				
Issued 03/14/2013 by JL1																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM