

No. W 122779	Reinstatement Annual Report Form ADMIN DISSOLVED 06/17/2014		2. Registered Agent and Office (NOT A P.O. BOX) IMELDA MADERA 2355 KILLEBREW DR PAYETTE ID 83661																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00				1. Mailing Address: Correct in this box if needed. BAJIO TRANSPORT, LLC IMELDA MADERA PO BOX 1024 FRUITLAND ID 83619																																		
3. New 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>Imelda Madera</td> <td>Po Box 1024</td> <td>Fruitland</td> <td>ID</td> <td></td> <td>83619</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"/>	Imelda Madera	Po Box 1024	Fruitland	ID		83619	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: IDAHO W 122779		6. Signature: <u><i>Imelda Madera</i></u> Date: <u>6-23-14</u> Name (type or print): <u>Imelda Madera</u> Title: <u>Owner</u>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM