



State of California
Secretary of State

LLC-417

LIMITED LIABILITY COMPANY
CERTIFICATE OF CANCELLATION

There is no fee for filing a Certificate of Cancellation.

IMPORTANT - Read instructions before completing this form.

This Space For Filing Use Only

FILE NUMBER

1. Secretary of State File Number

200408210016

ENTITY NAME (Enter the exact name of the limited liability company.)

2. Name of Limited Liability Company

CargoLink Express LLC

TAX LIABILITY (The following statement should not be altered.)

3. A final franchise tax return, as described by Section 23332 of the Revenue and Taxation Code, or a final annual tax return, as described by Section 17947 of the Revenue and Taxation Code, has been or will be filed with the Franchise Tax Board, as required under Part 10.2 (commencing with Section 18401) of Division 2 of the Revenue and Taxation Code.

DISSOLUTION (Domestic limited liability companies ONLY: Check the "YES" or "NO" box, as applicable. Note: If the "NO" box is checked, a Certificate of Dissolution (Form LLC-3) pursuant to Corporations Code section 17356(a) must be filed prior to or together with this Certificate of Cancellation.)

4. The dissolution was made by a vote of all of the members.



YES



NO

ADDITIONAL INFORMATION (Enter any other information the managers or members filing the Certificate of Cancellation determine to include. Attach additional pages, if necessary. Additional information set forth on attached pages, if any, is incorporated herein by this reference and made part of this certificate. If no other information is to be included, leave Item 5 blank and proceed to Item 6.)

5. This LLC has never traded, never had any revenue or conducted any activities. It has been dormant since inception. Please see attached two letters in support of this statement: a. letter dated July 13, 2004 from attorney Patrick M. Donnici to FTB; b. letter dated December 30, 2005 from Stephen L. Waller to Secretary of State (no reply received).

EXECUTION

6. I declare I am the person who executed this instrument, which execution is my act and deed.

Signature of Authorized Person

Date

Stephen L. Waller, manager

Type or Print Name and Title of Authorized Person

Signature of Authorized Person

Date

Type or Print Name and Title of Authorized Person

RETURN TO (Enter the name and the address of the person or firm to whom a copy of the filed document should be returned.)

7. NAME

Stephen L. Waller

FIRM

ADDRESS

111 Turnberry Rd

CITY/STATE/ZIP Half Moon Bay, CA 94019

PAGES NOT NECESSARILY FOR
FILING HAVE BEEN DETACHED,

FILED
In the office of the Secretary of State
of the State of California

APR 24 2007