

|  |                   |   |             |  |         |             |  |
|--|-------------------|---|-------------|--|---------|-------------|--|
| No. <b>W 156595</b>  |                   | <b>Due no later than Sep 30, 2017</b>   |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>       |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>1. Mailing Address: Correct in this box if needed.</b><br>TRIFORCE CUSTOM TRUCKING LLC<br>SCOTT BISHOP<br>2174 DAVIDSON DR<br>IDAHO FALLS ID 83401 |             | SCOTT BISHOP<br>2174 DAVIDSON DR<br>IDAHO FALLS ID 83401 |         |             |  |
|  |                   |   |             | 3. <u>New</u> Registered Agent Signature:*               |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |                   |   |             |  |         |             |  |
| Office Held  | Name              | Street or PO Address  | City        | State  | Country | Postal Code |  |
| MANAGER  | KIMBERLY M BISHOP | 2174 DAVIDSON DR  | IDAHO FALLS | ID   | USA     | 83401       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 156595</b>  |                   | 6. Annual Report must be signed.*<br>Signature: Kimberly Bishop<br>Name (type or print): Kimberly Bishop<br>Date: 08/01/2017<br>Title: Manager        |             |  |         |             |  |
| Processed 08/01/2017   |                   | * Electronically provided signatures are accepted as original signatures.   |             |  |         |             |  |