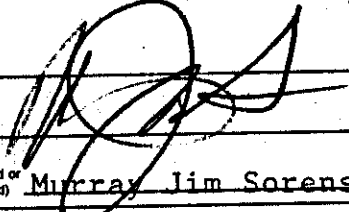


No. W 39496	Due no later than May 31, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable MOUNTAIN SAGE TRANSPORT, LLC PO BOX 1047 BLACKFOOT, ID 83221		MURRAY JIM SORENSEN 285 N W MAIN ST BLACKFOOT, ID 83221													
			3. New Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Wesley Haddon</td> <td>4570 Cromwell Ln.</td> <td>Blackfoot</td> <td>ID</td> <td>83221</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Wesley Haddon	4570 Cromwell Ln.	Blackfoot	ID	83221
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Manager	Wesley Haddon	4570 Cromwell Ln.	Blackfoot	ID	83221											
5. Organized Under the Laws of: IDAHO W 39496		6. Signature  Name (Typed or Printed) <u>Murray Jim Sorensen</u> Title <u>Registered Agent</u> Date <u>3-10-08</u>														

Issued 03/03/2008

Do Not Tape or Staple

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