No. W 132557 Return to:		Due no later than Dec 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. LMW TRUCKING LLC LONNIE WEEKES 29543 PEARL RD PARMA ID 83660		2	2. Registered Agent and Address (NO PO BOX) LONNIE WEEKES 29543 PEARL RD PARMA ID 83660 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080								
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	anies: Enter Nar	nes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	LONNIE WEEKES		29543 PEARL RD		PARMA	ID	USA	83660
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: bobbie weekes			Date: 11/02/2017			
W 132557		Name (type or print): bobbie weekes			Title: wife			
Processed 11/02/2017 * Electronically provided signatures are accepted as original signatures.								