

|                                                                                                                                                        |                 |                                                                                  |          |                                                                |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------|----------|----------------------------------------------------------------|---------------------|
| No. <b>W 52036</b>                                                                                                                                     |                 | <b>Due no later than Jun 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>Annual Report Form</b>                                                        |          | KENNETH A SMITH<br>3085 NE VISTA WAY<br>MOUNTAIN HOME ID 83647 |                     |
|                                                                                                                                                        |                 | <b>1. Mailing Address: Correct in this box if needed.</b>                        |          | 3. <u>New</u> Registered Agent Signature:*                     |                     |
|                                                                                                                                                        |                 | SMITH & SONS TRUCKING LLC<br>KENNETH A SMITH<br>PO BOX 1443<br>MTN HOME ID 83647 |          |                                                                |                     |
| 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 |
| MEMBER                                                                                                                                                 | KENNETH A SMITH | PO BOX 1443                                                                      | MTN HOME | ID                                                             | 83647               |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                |          |                                                                |                     |
| <b>ID<br/>W 52036</b>                                                                                                                                  |                 | Signature: Kenneth A Smith                                                       |          | Date: 04/26/2017                                               |                     |
|                                                                                                                                                        |                 | Name (type or print): Kenneth A Smith                                            |          | Title: Member                                                  |                     |
| Processed 04/26/2017                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.        |          |                                                                |                     |