

No. W 95802	Due no later than Aug 31, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) JEFFREY CHRISTENSEN 2401 N BLACK ROCK CANYON RD POCATELLO ID 83204																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. J & K TRUCKING LLC JEFFREY CHRISTENSEN 2401 N BLACK ROCK CANYON RD POCATELLO ID 83204		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Pamlette Christensen</td> <td>Pocatello</td> <td>ED</td> <td>Bonnoch</td> <td></td> <td>83204</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Kevin Christensen</td> <td>Rine</td> <td>ED</td> <td>Jefferson</td> <td></td> <td>83443</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Pamlette Christensen	Pocatello	ED	Bonnoch		83204	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kevin Christensen	Rine	ED	Jefferson		83443	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO W 95802</div>		6. Signature: <div style="text-align: center;"> <hr/> Name (type or print): <div style="text-align: center; font-family: cursive;">Jeffrey Christensen</div> </div> <div style="text-align: right; margin-top: 10px;"> Date: <u>7/5/15</u> Title: <u>OWNER</u> </div>																																				
Issued 06/29/2015 by TLB 103311																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM