No. <b>W 91045</b>		Due no later than Mar 31, 2015			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			MICHAEL H BOSTRON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  MAP'S TRANSPORTATION LLC  MICHAEL H BOSTRON  484 BRACKEN ST NORTH  TWIN FALLS ID 83301			484 BRACKEN ST NORTH TWIN FALLS 83301  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	nies: Enter Na	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	Cit	.у	State	Country	Postal Code
MEMBER ALICE M BC		OSTRON	484 BRACKEN ST. N	TV	VIN FALLS	ID	USA	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Michael H Bostron			Date: 03/08/2015			
W 91045		Name (type or print): Michael H Bostron			Title: Owner			
Processed 03/08/2015 * Electronically provided signatures are accepted as original signatures.								