No. <b>W 131221</b> Return to:		Due no later than Nov 30, 2015 Annual Report Form  1. Mailing Address: Correct in this box if needed.  DR TRUCKING LLC DELL RAY PRIEST 1159 N 1340 E SHELLEY ID 83274			2. Registered Agent and Address (NO PO BOX)  DEL RAY PRIEST  1159 N 1340 E  SHELLEY ID 83274  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				SHELLEY II				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Na	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	SANDRA PRIEST		1159 NORTH 1340 EAST	SHELLEY	ID	USA	83274	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: dell ray priest			Date: 09/21/2015			
W 131221		Name (type or print): dell ray priest			Title: owner			
Processed 09/21/2015 * Electronically provided signatures are accepted as original signatures.								