

No. W 8965		Due no later than Jun 30, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LOST RIVER TRANSPORT AND DELIVERY, L.L.C. DALE R HUFFAKER 3929 ANTELOPE RD MOORE ID 83255		DALE R HUFFAKER 3929 ANTELOPE RD MOORE ID 83255			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
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	DALE R HUFFAKER	3929 ANTELOPE RD	MOORE	ID	83255		
5. Organized Under the Laws of: ID W 8965		6. Annual Report must be signed.* Signature: Dale Huffaker Name (type or print): Dale Huffaker					
		Date: 05/12/2016 Title: member					
Processed 05/12/2016 * Electronically provided signatures are accepted as original signatures.							