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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 57381</b>                                                                                                                                     |             | <b>Due no later than Dec 31, 2012</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>1. Mailing Address: Correct in this box if needed.</b><br>RITEWAY TRANSPORTS, LLC<br>JULIE LENOX<br>PO BOX 3357<br>COEUR D'ALENE ID 83816<br>USA |               | SCOTT L POORMAN<br>8884 N GOVERNMENT WAY STE E<br>HAYDEN ID 83835 |         |                  |  |
|                                                                                                                                                        |             |                                                                                                                                                     |               | 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                                                                                                                                                 | JULIE LENOX | PO BOX 3357                                                                                                                                         | COEUR D'ALENE | ID                                                                | USA     | 83816            |  |
| MEMBER                                                                                                                                                 | JERRY LENOX | PO BOX 3357                                                                                                                                         | COEUR D'ALENE | ID                                                                | USA     | 83816            |  |
| 5. Organized Under the Laws of:                                                                                                                        |             | 6. Annual Report must be signed.*                                                                                                                   |               |                                                                   |         |                  |  |
| <b>ID<br/>W 57381</b>                                                                                                                                  |             | Signature: Julie Lenox                                                                                                                              |               |                                                                   |         | Date: 10/19/2012 |  |
|                                                                                                                                                        |             | Name (type or print): Julie Lenox                                                                                                                   |               |                                                                   |         | Title: Member    |  |
| Processed 10/19/2012                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                           |               |                                                                   |         |                  |  |