

|                                                                                                                                                        |                |                                                                           |        |                                                    |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------|--------|----------------------------------------------------|------------------|-------------|--|
| No. <b>W 52192</b>                                                                                                                                     |                | <b>Due no later than Jun 30, 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>Annual Report Form</b>                                                 |        | PAM EDWARDS<br>31 N 100 W<br>JEROME ID 83338       |                  |             |  |
|                                                                                                                                                        |                | <b>1. Mailing Address: Correct in this box if needed.</b>                 |        | 3. <u>New</u> Registered Agent Signature:*         |                  |             |  |
|                                                                                                                                                        |                | JUST TRUCK'N LLC<br>PAM S EDWARDS<br>31 N 100 W<br>JEROME ID 83338<br>USA |        |                                                    |                  |             |  |
| 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                                                                                                                                                 | JUSTIN EDWARDS | 31 N 100 W                                                                | JEROME | ID                                                 | USA              | 83338       |  |
| MEMBER                                                                                                                                                 | PAM EDWARDS    | 31 N 100 W                                                                | JEROME | ID                                                 | USA              | 83338       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                         |        |                                                    |                  |             |  |
| <b>ID<br/>W 52192</b>                                                                                                                                  |                | Signature: Pam Edwards                                                    |        |                                                    | Date: 06/23/2012 |             |  |
|                                                                                                                                                        |                | Name (type or print): Pam Edwards                                         |        |                                                    | Title: Sec/tres  |             |  |
| Processed 06/23/2012                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures. |        |                                                    |                  |             |  |