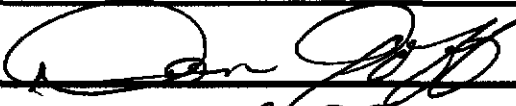
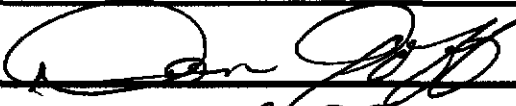
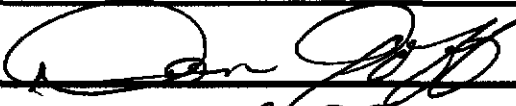


No. W 48937	Due no later than Mar 31, 2012 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) DANIEL GOFF 4607 HWY 72 NEW PLYMOUTH ID 83655
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. DAN'S FORKLIFT SERVICE & REPAIR, LLC DANIEL GOFF 4607 HWY 72 NEW PLYMOUTH ID 83655	3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
<div style="border: 1px solid black; border-radius: 50%; width: 15px; height: 15px; display: flex; align-items: center; justify-content: center; margin: 2px;"> <div style="font-size: 8px;">Manager</div> <div style="font-size: 8px;">Member</div> </div> <div style="margin-left: 5px;">Member (circle one)</div>	Daniel Goff	4607 Hwy 72	New Plymouth Id.	Payette	83655	

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 48937 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> Signature:  </td> <td style="width: 30%;"> Date: 1-11-12 </td> </tr> <tr> <td> Name (type or print): DAN GOFF </td> <td> Title: owner </td> </tr> </table>	Signature: 	Date: 1-11-12	Name (type or print): DAN GOFF	Title: owner
Signature: 	Date: 1-11-12				
Name (type or print): DAN GOFF	Title: owner				

Issued 01/09/2012 by CLH
124546

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.