

No. <b>W 10219</b>	<b>Due no later than 11/30/2009 Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address: Correct in this box if needed. R. C. CRAIGO TRUCKING L.L.C. 3300 E 22ND AVE POST FALLS ID 83854		ROBERT C CRAIGO 3300 E 22ND AVE POST FALLS ID 83854  3. New 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 Zip
manager	Robert Craigo	3300 E. 22 <sup>nd</sup> Ave	Post Falls	ID 83854
manager	Candice Craigo	3300 E. 22 <sup>nd</sup> Ave	Post Falls	ID 83854
5. Organized Under the Laws of:				
ID <b>W 10219</b>		6. Annual Report must be signed. Signature: <u>Robert C. Craigo</u> Date: <u>10/12/09</u> Name(type or print): <u>Robert C. Craigo</u> Title: <u>owner</u>		