

No. W 21203	Due no later than Oct 31, 2012 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) ALAN MORTENSEN E 602 14TH ST POST FALLS ID 83854
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. DOUBLE A TRUCKING LLC ALAN K MORTENSEN E 602 14TH ST POST FALLS ID 83854		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
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Alan K Mortensen	Post Falls Id	KOT			83854
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	ARDYCE Mortensen	has passed away Nov 15 2010				
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 21203 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u><i>Alan K Mortensen</i></u> Name (type or print): <u>Alan K Mortensen</u> </td> <td style="width: 40%;"> Date: <u>10-23-12</u> Title: <u>owner</u> <i>Manager</i> </td> </tr> </table>	Signature: <u><i>Alan K Mortensen</i></u> Name (type or print): <u>Alan K Mortensen</u>	Date: <u>10-23-12</u> Title: <u>owner</u> <i>Manager</i>
Signature: <u><i>Alan K Mortensen</i></u> Name (type or print): <u>Alan K Mortensen</u>	Date: <u>10-23-12</u> Title: <u>owner</u> <i>Manager</i>		

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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