

No. <b>C 84315</b> Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	Due no later than Jul 31, 2010 <b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> FIRKINS TRUCKING, INC. <del>STEPHEN L FIRKINS SR</del> <b>FLORALEE</b> <b>FIRKINS</b> 785 EASTSIDE HWY CORVALLIS MT 59828	2. Registered Agent and Office ( <b>NOT A          P.O. BOX</b> ) LARRY C ASHCRAFT ASHCRAFT & MILLER PLLC 430 N 6TH EAST MOUNTAIN HOME ID 83627-0506																					
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <b>RAVALLI</b> <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>FLORALEE FIRKINS</td> <td>785 EASTSIDE HWY</td> <td>CORVALLIS</td> <td>MT</td> <td></td> <td>59828</td> </tr> <tr> <td>TREASURER</td> <td>SUSAN FREY</td> <td>953 PAMELA LANE</td> <td>CORVALLIS</td> <td>MT</td> <td></td> <td>59828</td> </tr> </tbody> </table>		Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PRESIDENT	FLORALEE FIRKINS	785 EASTSIDE HWY	CORVALLIS	MT		59828	TREASURER	SUSAN FREY	953 PAMELA LANE	CORVALLIS	MT		59828	3. <u>New</u> Registered Agent Signature.
Office Held	Name	Street or PO Address	City	State	Country	Postal Code																	
PRESIDENT	FLORALEE FIRKINS	785 EASTSIDE HWY	CORVALLIS	MT		59828																	
TREASURER	SUSAN FREY	953 PAMELA LANE	CORVALLIS	MT		59828																	
5. Organized Under the Laws of:  <b>MONTANA</b> <b>C 84315</b>	6. Signature: <u>Floralee Firkins</u> Date: <u>5/27/10</u> Name (type or print): <u>FLORALEE FIRKINS</u> Title: <u>5/27/10</u>																						
Issued 05/20/2010 by CLH		100838																					

### 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.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

**Block 3:** Only a **new** registered agent must sign in Block 3.

**Block 4:** Enter names and business addresses of president, secretary, and directors. **Note:** **Do not** put "same as last year" or "same as above". These will **not** be accepted. Changes here will **not** affect the address in Block 1. Be sure to include office held for each name listed.

**Block 5:** May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.

**\*\* The image of this form will be available on the Internet once it has been filed. DO NOT enter Social Security numbers.**

If the Corporation is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on the website at [www.sos.idaho.gov](http://www.sos.idaho.gov). However, if no timely annual report is filed, administrative action will be taken, at no cost to the Corporation to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED