

|                                                                                                                                                        |               |                                                                                                                                                                 |             |                                                      |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------|---------|-------------|--|
| No. <b>W 47263</b>                                                                                                                                     |               | <b>Due no later than Feb 28, 2014</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>1. Mailing Address: Correct in this box if needed.</b><br>WESTERN TRANSPORT BROKERAGE, LLC<br>PEGGY B PHILLIPP<br>3916 W 65 S<br>IDAHO FALLS ID 83402<br>USA |             | TRAVIS STIBAL<br>3916 W 65 S<br>IDAHO FALLS ID 83402 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                                 |             | 3. <u>New</u> 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                                                | Country | Postal Code |  |
| MANAGER                                                                                                                                                | ALAN GINKEL   | 3916 W 65 S                                                                                                                                                     | IDAHO FALLS | ID                                                   | USA     | 83402       |  |
| MANAGER                                                                                                                                                | TRAVIS STIBAL | 3916 W 65 S                                                                                                                                                     | IDAHO FALLS | ID                                                   | USA     | 83402       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 47263</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: Peggy B Phillipp<br>Name (type or print): Peggy B Phillipp                                                      |             |                                                      |         |             |  |
|                                                                                                                                                        |               | Date: 01/06/2014<br>Title: Manager                                                                                                                              |             |                                                      |         |             |  |
| Processed 01/06/2014                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                       |             |                                                      |         |             |  |