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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|-----------------------------|--|
| No. <b>C 189898</b>                                                                                                                                    |                   | <b>Due no later than Jan 31, 2015</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><br>IVARRA TRUCKING, INC.<br>ROBERT POULSEN<br>P.O. BOX 50700<br>IDAHO FALLS ID 83405-0700<br>USA |       | REYMUNDO N IVARRA<br>3754 E 200 N<br>RIGBY 83442   |         |                             |  |
|                                                                                                                                                        |                   |                                                                                                                                                                |       | 3. <u>New</u> Registered Agent Signature:*         |         |                             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                   |                                                                                                                                                                |       |                                                    |         |                             |  |
| Office Held                                                                                                                                            | Name              | Street or PO Address                                                                                                                                           | City  | State                                              | Country | Postal Code                 |  |
| PRESIDENT                                                                                                                                              | REYMUNDO N IVARRA | 3754 E. 200 N.                                                                                                                                                 | RIGBY | ID                                                 | USA     | 83442                       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                                                                                                              |       |                                                    |         |                             |  |
| <b>ID<br/>C 189898</b>                                                                                                                                 |                   | Signature: BARBARA WINTERS                                                                                                                                     |       |                                                    |         | Date: 11/19/2014            |  |
|                                                                                                                                                        |                   | Name (type or print): BARBARA WINTERS                                                                                                                          |       |                                                    |         | Title: ACCOUNTING ASSISTANT |  |
| Processed 11/19/2014                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                      |       |                                                    |         |                             |  |