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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------|---------|----------------------------------------------------|--|
| No. <b>W 42404</b>                                                                                                                                     |                  | <b>Due no later than Aug 31, 2016</b>                                                                                                                          |       | <b>Annual Report Form</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>DALE HUFFAKER TRUCK AND BACKHOE, L.L.C.<br>COLLEEN HUFFAKER<br>3929 ANTELOPE RD<br>MOORE ID 83255 |       | DALE HUFFAKER<br>3929 ANTELOPE RD<br>MOORE ID 83255 |         | 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                                        |  |
| MEMBER                                                                                                                                                 | DALE HUFFAKER    | 3929 ANTELOPE RD                                                                                                                                               | MOORE | ID                                                  |         | 83255                                              |  |
| MEMBER                                                                                                                                                 | COLLEEN HUFFAKER | 3929 ANTELOPE RD                                                                                                                                               | MOORE | ID                                                  |         | 83255                                              |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 42404</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: Colleen Huffaker<br>Name (type or print): Colleen Huffaker<br>Date: 06/27/2016<br>Title: member                |       |                                                     |         |                                                    |  |
| Processed 06/27/2016                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                      |       |                                                     |         |                                                    |  |