

No. <b>W 56119</b>	<b>Due no later than Nov 30, 2015 Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> CLIFFORD "SKIP" W CRAWFORD 1858 FENTON DR EMMETT ID 83617																																			
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>	1. <b>Mailing Address: Correct in this box if needed.</b> SJC TRUCKING LLC JULIE L CRAWFORD 1858 FENTON DR EMMETT ID 83617 USA		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Clifford Skip Crawford</td> <td>1858 Fenton Dr</td> <td>Emmett</td> <td>Id</td> <td>Gen</td> <td>83617</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Julie L Crawford</td> <td>1858 Fenton Dr</td> <td>Emmett</td> <td>Id</td> <td>Gen</td> <td>83617</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Clifford Skip Crawford	1858 Fenton Dr	Emmett	Id	Gen	83617	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Julie L Crawford	1858 Fenton Dr	Emmett	Id	Gen	83617	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 56119</b> </div>	6. Signature: <u></u> Name (type or print): <u>Clifford CRAWFORD</u>		Date: <u>11-21-15</u> Title: <u>owner</u>																																			
Issued 11/18/2015 by CLH		111817																																				

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM