Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED PO BOX 933 *** FINAL NOTICE *** 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one) Office held PC PAC RICHARDSON TRUCKING, INC. LEWISTON ID 83501 3. Organized Under the Laws of: 10 118257 10 118257 Chack RICHARDSON AUCHARDSON TRUCKING, INC. LEWISTON ID 83501 3. Organized Under the Laws of: 10 118257 Members (check one) Office held PC PS Tat Runaden PO 933 LEW State To 4370) Aucu 2d 8370) 5. New Registered Agent Signature Signature Name (Typed of PAT Runaden) Name (Typed of PAT Runaden) Name (Typed of PAT Runaden) ISSUED: 10-01-1999 4413	No. c118257	Annual Report Form Due No Later Than November 30, 1999	2. Registered Agent and	Office NOT A P.O. BOX
NO WEST STORM PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED PO BOX 933 PO BOX 933 A. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one) Office held Name Street or P.O. Address City State To R3501 A. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one) Office held Name President PO 933 Au ZM 8300) 5. New Registered Agent Signature 6. Signature Name President PO 933 Au ZM 8300) Title PCS dest Titl		-		- 1
NO FEE REQUIRED PO BOX 933 3. Organized Under the Laws of: *** FINAL NOTTCE ** LEWISTON TO 83501 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one) Office held Name Street or P.O. Address City State Zip PC Chacl Richarden F.D. 933 Low Id 8300) 5. New Registered Agent Signature Signature Name (Typed or PAT Richardson Title Ices Junt	PO BOX 83720	RICHARDSON TRUCKING, INC.		
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Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one) Office held Name Street or P.O. Address City State Zip PC & Tat Ruhadean P.O. 933 Lew Zd 93/0/ UP Chad Ruhadean P.O. 933 Lew Zd 83/0/ 5. New Registered Agent Signature 6. Signature Lat Ruhadean Date 10-11-59 Name Printed Lat Ruhardson Title 10-11-59 Name Printed Lat Ruhardson Title 10-11-59			I O	C118257
Pres Pat Rehaden P.O. 933 Lew Id 8300) OP Chad Recharden P.O. 933 Lew Id 8300) 5. New Registered Agent Signature Signature Signature Althoropy Pat Rehardson Title President		=	(check one)	
5. New Registered Agent Signature Signature Signature At Ruhard Son Title Ires dent		Street or P.O. Address	<u>City</u>	
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	5. <u>New</u> Registered Agent Signa	1/1/40	II	, , <u>, ,</u> ,
ISSUED: 10-01-1999 4413		Name (Typed or Pat Kuhard Son	Title <u>\(\int_{\int_{\int}} \)</u>	os.dent
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