

|  |                    |   |          |   |         |                  |  |
|--|--------------------|---|----------|---|---------|------------------|--|
| No. <b>W 61830</b>   |                    | <b>Due no later than Apr 30, 2016</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>GALLIMORE TRUCKING, LLC<br>HOLLY K GALLIMORE<br>21658 PURPLE SAGE ROAD<br>CALDWELL ID 83607 |          | DUSTIN J GALLIMORE<br>21658 PURPLE SAGE ROAD<br>CALDWELL ID 83607 |         |                  |  |
|  |                    |   |          | 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  | DUSTIN J GALLIMORE | 21658 PURPLE SAGE ROAD  | CALDWELL | ID  |         | 83607            |  |
| MANAGER  | HOLLY K GALLIMORE  | 21658 PURPLE SAGE ROAD  | CALDWELL | ID  | USA     | 83607            |  |
| 5. Organized Under the Laws of:  |                    | 6. Annual Report must be signed.*   |          |   |         |                  |  |
| <b>ID<br/>W 61830</b>  |                    | Signature: Holly Gallimore  |          |   |         | Date: 05/25/2016 |  |
|  |                    | Name (type or print): Holly Gallimore   |          |   |         | Title: Manager   |  |
| Processed 05/25/2016   |                    | * Electronically provided signatures are accepted as original signatures.   |          |   |         |                  |  |