

No. W 62943		Due no later than May 31, 2011 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) SHANE OWENS 3593 COLBURN CULVER RD SANDPOINT ID 83864	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. SHANE OWENS TRUCKING, LLC 3593 COLBURN CULVER RD SANDPOINT ID 83864		3. <u>New</u> Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager or Member	Name	Street or PO Address	City	State	Country Postal Code
<u>Manager</u> Member (circle one)		3593 Colburn Culver Rd	Sandpoint	ID	Boise 83864
5. Organized Under the Laws of: IDAHO W 62943					
6. Signature: <u>Shane Owens</u>		Date: <u>4-30-11</u>			
Name (type or print): <u>Shane Owens</u>		Title: <u>Manager</u>			
Issued 04/14/2011 by CLH					127122

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**