| No. <b>W 43509</b><br>Return to:   |  | Due no later than Oct 31, 2016 Annual Report Form  1. Mailing Address: Correct in this box if needed.  M. PYNE CUSTOM HAULING LLC MICHAEL PYNE 4 DEER CREEK RD HAILEY ID 83333 |                  | 2. Registered Agent and Address (NO PO BOX)  MICHAEL PYNE 4 DEER CREEK RD HAILEY ID 83333  3. New Registered Agent Signature:* |         |                |  |
|--|--|--|------------------|--|---------|----------------|--|
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080             | 1. Mailing Address: Co<br>M. PYNE CUSTOM HAULIN<br>MICHAEL PYNE<br>4 DEER CREEK RD |  |                  |  |         |                |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |  |  |                  |  |         |                |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. |  |  |                  |  |         |                |  |
| Office Held Name   | Str  | eet or PO Address  | City             | State  | Country | Postal Code    |  |
| MANAGER MICHAI<br>MANAGER LENA I   |  | DEER CREEK RD<br>DEER CREEK RD   | HAILEY<br>HAILEY | ID<br>ID   |         | 83333<br>83333 |  |
| 5. Organized Under the Laws of:  | 6. Annual Report must be si  | 6. Annual Report must be signed.*  |                  |  |         |                |  |
| ID   | Signature: Lena Pyne   | Signature: Lena Pyne Date: 09/24/2016  |                  |  |         |                |  |
| W 43509  | Name (type or print): Len  | Name (type or print): Lena Pyne  |                  | Title: Owner/Manager   |         |                |  |
| Processed 09/24/2016   | * Electronically provided sign   | * Electronically provided signatures are accepted as original signatures.  |                  |  |         |                |  |