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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------|---------|------------------|--|
| No. <b>W 117022</b>                                                                                                                                    |                 | <b>Due no later than Sep 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>1. Mailing Address: Correct in this box if needed.</b><br><br>TREK LOGISTICS LLC<br>BRAD GILLASPY<br>330 TAYLOR ST W<br>KIMBERLY ID 83341 |          | BRAD GILLASPY<br>330 TAYLOR ST W<br>KIMBERLY ID 83341 |         |                  |  |
|                                                                                                                                                        |                 |                                                                                                                                              |          | 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                                                                                                                                                | BRAD J GILLASPY | 330 TAYLOR ST WEST                                                                                                                           | KIMBERLY | ID                                                    | USA     | 83341            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                            |          |                                                       |         |                  |  |
| <b>ID<br/>W 117022</b>                                                                                                                                 |                 | Signature: Brad J Gillaspy                                                                                                                   |          |                                                       |         | Date: 09/27/2016 |  |
|                                                                                                                                                        |                 | Name (type or print): Brad J Gillaspy                                                                                                        |          |                                                       |         | Title: manager   |  |
| Processed 09/27/2016                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                    |          |                                                       |         |                  |  |