

|                                                                                                                                                        |            |                                                                                                                                        |           |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 152732</b>                                                                                                                                    |            | <b>Due no later than Jun 30, 2017</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>RICES TRANSPORT LLC.<br>LEE RICE<br>453 PACKARD AVE<br>POCATELLO ID 83201 |           | LEE RICE<br>453 PACKARD AVE<br>POCATELLO ID 83201  |         |                  |  |
|                                                                                                                                                        |            |                                                                                                                                        |           | 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                                                                                                                                                | LEE J RICE | 453 PACKARD AVE.                                                                                                                       | POCATELLO | ID                                                 | USA     | 83201            |  |
| 5. Organized Under the Laws of:                                                                                                                        |            | 6. Annual Report must be signed.*                                                                                                      |           |                                                    |         |                  |  |
| <b>ID<br/>W 152732</b>                                                                                                                                 |            | Signature: Lee Rice                                                                                                                    |           |                                                    |         | Date: 05/06/2017 |  |
|                                                                                                                                                        |            | Name (type or print): Lee Rice                                                                                                         |           |                                                    |         | Title: Owner     |  |
| Processed 05/06/2017                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                              |           |                                                    |         |                  |  |