

No. W 92552	Due no later than Apr 30, 2011 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) <i>C. Richard Fowers</i> MELANIE FOWERS <i>328 WILSON</i> 1601 CHARLENE ST <i>BLAKE FOOT</i> IDAHO FALLS ID 83402 <i>ID 83221</i>															
Return to: SECRETARY OF STATE 150 N 4th STREET PO BOX 83/20 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. FALLS TRANSPORTATION LLC 1601 CHARLENE ST <i>328 WILSON</i> IDAHO FALLS ID 83402 <i>BLAKE FOOT, ID.</i> <i>83221</i>		3. <u>New</u> Registered Agent Signature. <i>C. Richard Fowers</i>															
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Manager/Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td><i>MANAGER</i></td> <td><i>JANICE FOWERS</i></td> <td><i>528 WILSON</i></td> <td><i>BLAKE FOOT</i></td> <td><i>ID.</i></td> <td><i>USA</i></td> <td><i>83221</i></td> </tr> </tbody> </table>					Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code	<i>MANAGER</i>	<i>JANICE FOWERS</i>	<i>528 WILSON</i>	<i>BLAKE FOOT</i>	<i>ID.</i>	<i>USA</i>	<i>83221</i>
Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code												
<i>MANAGER</i>	<i>JANICE FOWERS</i>	<i>528 WILSON</i>	<i>BLAKE FOOT</i>	<i>ID.</i>	<i>USA</i>	<i>83221</i>												
5. Organized Under the Laws of: IDAHO W 92552		6. Signature: <i>C. Richard Fowers</i> Name (type or print): <i>C. Richard Fowers</i>			Date: <i>2-7-11</i> Title: <i>OWNER</i>													
Issued 02/02/2011 by SLD 104783																		