No. <b>W 50498</b>		Due no later than May 31, 2010 Annual Report Form  1. Mailing Address: Correct in this box if needed.  2 H LOGISTICS LLC GINGER HORAN 28264 SHELTON RD PARMA ID 83660		2	2. Registered Agent and Address (NO PO BOX)				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				_	GINGER HORAN 28264 SHELTON RD PARMA ID 83660  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Limited Liability Compa	nies: Enter Na	mes and Addresses of at	least one Member or Manager.						
Office Held	Name		Street or PO Address		City	State	Country	Postal Code	
MANAGER	MANAGER GINGER HORAN		28264 SHELTON RD		PARMA	ID	USA	83660	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID W 50498		Signature: Ginger Horan			Date: 05/12/2010				
		Name (type or print): Ginger Horan			Title: Manager				
Processed 05/12/2010	Processed 05/12/2010 * Electronically provided signatures are accepted as original signatures.								