| No. W 149508 | | Due no later than Mar 31, 2016 | | 2. Registere | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------------------|---|--------------------------------------|--------------|---|---------|-------------|--|
| Return to: | | Annual Report Form | | | JOEL CALLISTER | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. JOEL CALLISTER TRUCKING, LLC JOEL CALLISTER 477 N 325 W BLACKFOOT ID 83221 | | BLACKFO | 477 N 325 W BLACKFOOT ID 83221 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Comp | oanies: Enter Na | mes and Addresse | s of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER | JOEL S CALLSTER | | 477 N 325 W | BLACKFOO | T ID | USA | 83221 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Joel callister | | | Date: 05/31/2016 | | | |
| W 149508 | | Name (type or print): Joel callister | | | Title: Mr | | | |
| Processed 05/31/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |