	2. Registered Agent and Office NO PO BOX
Annual Report Form  1. Mailing Address - Correct in this box, if applicable  GREG M. STANCIL TRUCKING, LLC  1945 WASHINGTON ST MARIES, ID 83861	GREGORY M STANCIL 1945 WASHINGTON ST MARIES, ID 83861  3. New Registered Agent Signature
anies: Enter Names and Addresses of Members.  Street or P.O. Address City  1945 Washington  57. Y	State Zip Mack) ID 838261
6. Signature Lagrey my Staff	Date <u>Z-//-α5</u> Title _ <i>PRESIOENT</i>
	Annual Report Form  1. Mailing Address - Correct in this box, if applicable  GREG M. STANCIL TRUCKING, LLC  1945 WASHINGTON ST MARIES, ID 83861  Annies: Enter Names and Addresses of Members.  Street or P.O. Address  City  ST. Y.  6.