

|  |               |   |             |  |         |                  |  |
|--|---------------|---|-------------|--|---------|------------------|--|
| No. <b>C 208037</b>  |               | <b>Due no later than Dec 31, 2016</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><br>SUPER M TRANSPORT INC.<br>LATIN MOELLER<br>6047 W 17TH S<br>IDAHO FALLS ID 83402 |             | LATIN MOELLER<br>6047 W 17TH S<br>IDAHO FALLS ID 83402 |         |                  |  |
|  |               |   |             | 3. <u>New</u> Registered Agent Signature:*             |         |                  |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |               |   |             |  |         |                  |  |
| Office Held  | Name          | Street or PO Address  | City        | State  | Country | Postal Code      |  |
| PRESIDENT  | LATIN MOELLER | 6047 W. 17TH S.   | IDAHO FALLS | ID   | USA     | 83402-5622       |  |
| 5. Organized Under the Laws of:  |               | 6. Annual Report must be signed.*   |             |  |         |                  |  |
| <b>ID<br/>C 208037</b>   |               | Signature: LATIN MOELLER  |             |  |         | Date: 11/07/2016 |  |
|  |               | Name (type or print): LATIN MOELLER   |             |  |         | Title: PRESIDENT |  |
| Processed 11/07/2016   |               | * Electronically provided signatures are accepted as original signatures.   |             |  |         |                  |  |