

|  |               |  |        |  |         |             |  |
|--|---------------|--|--------|--|---------|-------------|--|
| No. <b>C 61478</b>   |               | <b>Due no later than Jun 30, 2014</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>BOYCE TRANSFER AND STORAGE, INC.<br>GARY E BOYCE<br>PO BOX 932<br>SALMON ID 83467 |        | GARY E BOYCE<br>151 S ST CHARLES RD<br>SALMON ID 83467 |         |             |  |
|  |               |  |        | 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 |  |
| DIRECTOR   | HOLLY L SMITH | 1243 CEMETARY LANE   | SALMON | ID   | USA     | 83467       |  |
| SECRETARY  | VICKI L BOYCE | POB 932  | SALMON | ID   | USA     | 83467       |  |
| PRESIDENT  | GARY E BOYCE  | POB 932  | SALMON | ID   | USA     | 83467       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 61478</b>   |               | 6. Annual Report must be signed.*<br>Signature: Holly Smith<br>Name (type or print): Holly Smith   |        |  |         |             |  |
| Date: 04/12/2014<br>Title: Director  |               |  |        |  |         |             |  |
| Processed 04/12/2014   |               | * Electronically provided signatures are accepted as original signatures.  |        |  |         |             |  |