

No. C 76330	Annual Report Form 1999 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX DENNIS L DUCOMMUN 716 E. 20TH STREET POST FALLS ID 83854																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct TRANSPORT SERVICE, INC. DENNIS L. DOCOMMUN E 4300 SELTICE WAY POST FALLS ID 83854		3. Organized Under the Laws of: ID C 76330																		
	4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Office held</th> <th style="width: 25%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td><i>FRES</i></td> <td><i>DENNIS L. DUCOMMUN</i></td> <td><i>716 E. 20th</i></td> <td><i>Post Falls,</i></td> <td><i>ID</i></td> <td><i>83854</i></td> </tr> <tr> <td><i>V-FRES</i></td> <td><i>WILFRED DUCOMMUN</i></td> <td><i>Rt#3, Box 57</i></td> <td><i>St. MARIES,</i></td> <td><i>ID</i></td> <td><i>83861</i></td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	<i>FRES</i>	<i>DENNIS L. DUCOMMUN</i>	<i>716 E. 20th</i>	<i>Post Falls,</i>	<i>ID</i>	<i>83854</i>	<i>V-FRES</i>	<i>WILFRED DUCOMMUN</i>	<i>Rt#3, Box 57</i>	<i>St. MARIES,</i>	<i>ID</i>	<i>83861</i>
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5. Signature of New Registered Agent		6. Signature <u><i>Donna P. Kamps</i></u> Date <u><i>7/28/97</i></u> Name (Typed or Printed) <u><i>WANDA P. KAMPS</i></u> Title <u><i>Office Mgr</i></u>																			
ISSUED: 07-03-1999		30636																			