No. <b>W 14084</b> Return to:		Due no later than Jan 31, 2011 Annual Report Form  1. Mailing Address: Correct in this box if needed.  MCM TRUCKING, L.L.C. JOE MILLER PO BOX D KIMBERLY ID 83341		2. Registered Agent and Address (NO PO BOX)  JOSEPH E MILLER 446 HWY 30 EAST KIMBERLY ID 83341  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	MCM TRI JOE MIL PO BOX I						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: En	er Names and Ado	lresses of at least one Member or Manager	r.				
Office Held Name		Street or PO Address		City	State	Country	Postal Code
	H E MILLER E C MILLER	PO BOX 134 PO BOX 134		KIMBERLY KIMBERLY	ID ID	USA USA	83341 83341
5. Organized Under the Laws of:	6. Annual F	6. Annual Report must be signed.*					
ID	Signatur	Signature: Nicole Miller		Date: 01/05/2011			
W 14084	Name (t	Name (type or print): Nicole Miller		Title: Member			
Processed 01/05/2011	* Electronic	* Electronically provided signatures are accepted as original signatures.					