

| <b>No. W 116765</b><br><br>Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE<br/>DATE</b>   | <b>Due no later than Aug 31, 2013</b><br><b>Annual Report Form</b>  | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b><br>MARIA SALINAS<br>2201 MAYBERRY LN<br>FILER ID 83328 |   |   |                      |             |       |         |             |  |               |                  |       |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|--|---|---|----------------------|-------------|-------|---------|-------------|--|---------------|------------------|-------|----|--|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|   | 1. <b>Mailing Address: Correct in this box if needed.</b><br>CASTILLO TRUCKING LLC<br>2201 MAYBERRY LN<br>FILER ID 83328  | 3. <u>New</u> Registered Agent Signature.  |   |   |                      |             |       |         |             |  |               |                  |       |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>  |   |  |   |   |                      |             |       |         |             |  |               |                  |       |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Maria Salinas</td> <td>2201 mayberry Ln</td> <td>Filer</td> <td>ID</td> <td></td> <td>83328</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |   |  | Manager or Member   | Name  | Street or PO Address | City        | State | Country | Postal Code | Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> | Maria Salinas | 2201 mayberry Ln | Filer | ID |  | 83328 | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |
| Manager or Member   | Name  | Street or PO Address   | City  | State   | Country              | Postal Code |       |         |             |  |               |                  |       |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>  | Maria Salinas   | 2201 mayberry Ln   | Filer   | ID  |                      | 83328       |       |         |             |  |               |                  |       |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |   |  |   |   |                      |             |       |         |             |  |               |                  |       |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |   |  |   |   |                      |             |       |         |             |  |               |                  |       |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |   |  |   |   |                      |             |       |         |             |  |               |                  |       |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Organized Under the Laws of:<br><br><div style="text-align: center; font-weight: bold;">IDAHO<br/>W 116765</div>   | 6. <table style="width: 100%;"> <tr> <td style="width: 60%;">           Signature:<br/> <u>Maria Salinas</u><br/>           Name (type or print):<br/> <u>Maria Salinas</u> </td> <td style="width: 40%;">           Date:<br/> <u>9/24/13</u><br/>           Title:<br/> <u>Owner</u> </td> </tr> </table> |  | Signature:<br><u>Maria Salinas</u><br>Name (type or print):<br><u>Maria Salinas</u> | Date:<br><u>9/24/13</u><br>Title:<br><u>Owner</u> |                      |             |       |         |             |  |               |                  |       |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature:<br><u>Maria Salinas</u><br>Name (type or print):<br><u>Maria Salinas</u>   | Date:<br><u>9/24/13</u><br>Title:<br><u>Owner</u>   |  |   |   |                      |             |       |         |             |  |               |                  |       |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Issued 09/17/2013 by SLD  |   |  |   |   |                      |             |       |         |             |  |               |                  |       |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM