No. W 15645 Return to:		Due no later than Jun 30, 2013 Annual Report Form 1. Mailing Address: Correct in this box if needed. RAFT RIVER SOD TRANSPORT, LLC LYNN J STEADMAN 345 N. YALE RD. AMERICAN FALLS ID 83211 USA		2	2. Registered Agent and Address (NO PO BOX) LYNN J STEADMAN 345 N YALE RD. AMERICAN FALLS ID 83211 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080								
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresses of	f at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	LYNN J STEADMAN		345 N. YALE RD		AMERICAN FALLS	ID	USA	83211
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 15645		Signature: Lynn Steadman			Date: 04/24/2013			
		Name (type or print): Lynn Steadman			Title: Manager			
Processed 04/24/2013 * Electronically provided signatures are accepted as original signatures.								