

|  |               |   |          |   |         |             |  |
|--|---------------|---|----------|---|---------|-------------|--|
| No. <b>W 85259</b>   |               | <b>Due no later than Jul 31, 2018</b><br><b>Annual Report Form</b>  |          | 2. Registered Agent and Address ( <b>NO PO BOX</b> )      |         |             |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |               | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>MCM LOADING, LLC<br>JOSEPH MILLER<br>PO BOX D<br>KIMBERLY ID 83341 |          | JOSEPH MILLER<br>446 HIGHWAY 30 EAST<br>KIMBERLY ID 83341 |         |             |  |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |               |   |          | 3. <u>New</u> Registered Agent Signature:*                |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.       |               |   |          |   |         |             |  |
| Office Held  | Name          | Street or PO Address  | City     | State   | Country | Postal Code |  |
| MEMBER   | NICOLE MILLER | PO BOX D  | KIMBERLY | ID  | USA     | 83341       |  |
| MEMBER   | JOSEPH MILLER | PO BOX D  | KIMBERLY | ID  | USA     | 83341       |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 85259</b>                                 |               | 6. Annual Report must be signed.*<br><br>Signature: Nicole Miller<br>Name (type or print): Nicole Miller                            |          |   |         |             |  |
|  |               | Date: 06/11/2018<br>Title: Member   |          |   |         |             |  |
| Processed 06/11/2018   |               | * Electronically provided signatures are accepted as original signatures.   |          |   |         |             |  |