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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------|---------------------|
| No. <b>W 98139</b>                                                                                                                                     |               | <b>Due no later than Nov 30, 2011</b>                                                                                                                                  |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>                                |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>KINGDOM TRANSPORT, LLC<br>6301 OVERLAND RD STE 102<br>BOISE ID 83709 |           | 1 STOP TRUCK REPORTING SERVICES INC<br>6301 OVERLAND RD STE 102<br>BOISE ID 83709 |                     |
|                                                                                                                                                        |               |                                                                                                                                                                        |           | 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                                                                                                                                                 | PEDRO TOSCANO | PO BOX 376                                                                                                                                                             | FRUITLAND | ID                                                                                | USA 83619           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 98139</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: Pedro Toscano<br>Name (type or print): Pedro Toscano<br>Date: 09/12/2011<br>Title: Member                              |           |                                                                                   |                     |
| Processed 09/12/2011                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                              |           |                                                                                   |                     |