

|   |                        |  |  |  |             |                |                           |
|---|------------------------|--|--|--|-------------|----------------|---------------------------|
| No. <b>W 87965</b>  |                        | <b>Due no later than Oct 31, 2013</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>2 WEEKES TRUCKING LLC<br>TRESA K WEEKES<br>1825 DOVE DR<br>AMMON ID 83406-6621<br>USA |  | TRESA WEEKES<br>1825 DOVE DR<br>AMMON ID 83406       |             |                |                           |
| <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<br>MEMBER   | Name<br>TRESA K WEEKES | Street or PO Address<br>1825 DOVE DR   |  | City<br>AMMON  | State<br>ID | Country<br>USA | Postal Code<br>83406-6621 |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 87965</b>  |                        | 6. Annual Report must be signed.*<br><br>Signature: Tresa K. Weekes<br>Name (type or print): Tresa K. Weekes<br><br>Date: 10/11/2013<br>Title: Pres    |  |  |             |                |                           |
| Processed 10/11/2013      * Electronically provided signatures are accepted as original signatures. |                        |  |  |  |             |                |                           |