No. W 161603		Due no later than Jan 31, 2018		2.	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			DELWYN MICKELSEN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			Idress: Correct in this box if needed ANSPORTATION, LLC 0 83221-5564		76 N 550 W BLACKFOOT ID 83221-5564 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	(City	State	Country	Postal Code
MANAGER	DELWYN L	MICKELSEN	76 N. 550 W.	E	BLACKFOOT	ID	USA	83221-5564
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: DELWYN L MICKELSEN			Date: 01/10/2018			
W 161603		Name (type or print): DELWYN L MICKELSEN			Title: MANAGER			
Processed 01/10/2018 * Electronically provided signatures are accepted as original signatures.								