| BOOK STORY CONTROL OF THE STORY | | ater than Dec 31, 2015 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--|------------------------------|--|---|-------|---------|-------------|
| Return to: | Annual Report Form | | | HECTOR CARDENAS 208 BARBARA ST NAMPA ID 83687-8365 3. New Registered Agent Signature:* | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address HL TRUCKING & TRUCHECTOR CARDENAS 208 BARBARA ST NAMPA ID 83687 | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Companies: Enter Na | ames and Addresses of at | least one Member or Manager. | | | | | |
| Office Held Name | | Street or PO Address | | City | State | Country | Postal Code |
| MEMBER HECTOR CA TRUCK REP | RDENAS HLTRUCKING& AIR | 208 BARBARA STREET | | NAMPA | ID | USA | 83687 |
| 5. Organized Under the Laws of: | Laws of: 6. Annual Report must be signed.* | | | | | | |
| ID ID | Signature: Hector Cardenas | | | Date: 02/22/2016 | | | |
| W 145962 Name (type or print): Hector | | : Hector Cardenas | | Title: OWNER | | | |
| Processed 02/22/2016 | * Electronically provided signatures are accepted as original signatures. | | | | | | |