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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------|---------|------------------|--|
| No. <b>W 119309</b>                                                                                                                                    |                   | <b>Due no later than Nov 30, 2016</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>BP TRUCK MANAGEMENT LLC<br>BRADLEY D. PAULSEN<br>1638 TIMBER CIRCLE<br>P O BOX 638<br>MCCALL ID 83638-0638<br>USA |        | BRADLEY D PAULSEN<br>1638 TIMBER CIRCLE<br>MCCALL ID 83638-0638 |         |                  |  |
|                                                                                                                                                        |                   |                                                                                                                                                                                                                     |        | 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                                                                                                                                                 | BRADLEY D PAULSEN | 1638 TIMBER CIRCLE P. O. BOX 638                                                                                                                                                                                    | MCCALL | ID                                                              | USA     | 83638-0638       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                                                                                                                                                                   |        |                                                                 |         |                  |  |
| <b>ID<br/>W 119309</b>                                                                                                                                 |                   | Signature: DORIS PAULSEN                                                                                                                                                                                            |        |                                                                 |         | Date: 10/03/2016 |  |
|                                                                                                                                                        |                   | Name (type or print): DORIS PAULSEN                                                                                                                                                                                 |        |                                                                 |         | Title: SECRETARY |  |
| Processed 10/03/2016                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                                                           |        |                                                                 |         |                  |  |