

|  |                    |  |               |  |         |                   |  |
|--|--------------------|--|---------------|--|---------|-------------------|--|
| No. <b>C 177425</b>  |                    | <b>Due no later than Feb 29, 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>1. Mailing Address: Correct in this box if needed.</b><br><br>PARTNERS TRANSPORT INC<br>PAT HERMAN<br>5073 N BUILDING CENTER DR<br>COEUR D'ALENE ID 83815 |               | ROBERT H OSTROWSKI<br>6054 SHIRAS RD<br>COEUR D'ALENE ID 83814 |         |                   |  |
|  |                    |  |               | 3. <u>New</u> Registered Agent Signature:*                     |         |                   |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                    |  |               |  |         |                   |  |
| Office Held  | Name               | Street or PO Address   | City          | State  | Country | Postal Code       |  |
| PRESIDENT  | ROBERT H OSTROWSKI | 4166 VISTA LOOP  | COUER D'ALENE | ID   | USA     | 83814             |  |
| 5. Organized Under the Laws of:  |                    | 6. Annual Report must be signed.*  |               |  |         |                   |  |
| <b>ID<br/>C 177425</b>   |                    | Signature: Pat Herman  |               |  |         | Date: 03/09/2016  |  |
|  |                    | Name (type or print): Pat Herman   |               |  |         | Title: office mgr |  |
| Processed 03/09/2016   |                    | * Electronically provided signatures are accepted as original signatures.  |               |  |         |                   |  |