

| | | | | | | | |
|--|---|---|---|-------------|----------------|----------------------|---|
| No. W 108364 | Due no later than Nov 30, 2014 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed. GREAT NORTHERN EXPRESS, LLC AMANDA S MARTIN PO BOX 5179 TWIN FALLS ID 83303 | | GARY M WOLVERTON JR 1411 FALLS AVE E STE 1002 TWIN FALLS ID 83301 | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | 3. <u>New</u> Registered Agent Signature:* | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held MEMBER | Name GARY M WOLVERTON | Street or PO Address 1411 FALLS AVE E STE 1002 | City TWIN FALLS | State ID | Country USA | Postal Code 83301 | |
| 5. Organized Under the Laws of: ID W 108364 | 6. Annual Report must be signed.* Signature: Amanda Martin Name (type or print): Amanda Martin | | | | | | Date: 09/24/2014 Title: Office Manager |
| Processed 09/24/2014 | * Electronically provided signatures are accepted as original signatures. | | | | | | |