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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------|---------|-------------|--|
| No. <b>C 215550</b>                                                                                                                                    |                   | <b>Due no later than Oct 31, 2018</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>STW TRANSPORT CORPORATION<br>3429 E EMORY AVE<br>NAMPA ID 83686 |       | GAIL WILLIAMS<br>3429 E EMORY AVE<br>NAMPA ID 83686 |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                                                   |       | 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                                                                                                                                              | STEVEN T WILLIAMS | 3429 E EMORY AVE                                                                                                                                                  | NAMPA | ID                                                  | USA     | 83686       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 215550</b>                                                                                          |                   | 6. Annual Report must be signed.*<br>Signature: Steven T Williams<br>Name (type or print): Steven T Williams                                                      |       |                                                     |         |             |  |
|                                                                                                                                                        |                   | Date: 08/18/2018<br>Title: President                                                                                                                              |       |                                                     |         |             |  |
| Processed 08/18/2018                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                         |       |                                                     |         |             |  |