

|                                                                                                                                                        |             |                                                                                                                                              |         |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 105771</b>                                                                                                                                    |             | <b>Due no later than Aug 31, 2014</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>HALES HAULERS LLC<br>JOSH D HALE<br>194 S 1200 W<br>PINGREE ID 83262<br>USA |         | JOSH HALE<br>194 S 1200 W<br>PINGREE ID 83262      |         |                  |  |
|                                                                                                                                                        |             |                                                                                                                                              |         | 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                                                                                                                                                 | JOSH D HALE | 194 S 1200 W                                                                                                                                 | PINGREE | ID                                                 | USA     | 83262            |  |
| 5. Organized Under the Laws of:                                                                                                                        |             | 6. Annual Report must be signed.*                                                                                                            |         |                                                    |         |                  |  |
| <b>ID<br/>W 105771</b>                                                                                                                                 |             | Signature: Josh hale                                                                                                                         |         |                                                    |         | Date: 07/20/2014 |  |
|                                                                                                                                                        |             | Name (type or print): Josh hale                                                                                                              |         |                                                    |         | Title: Owner     |  |
| Processed 07/20/2014                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                    |         |                                                    |         |                  |  |