

|  |                 |   |      |  |         |             |  |
|--|-----------------|---|------|--|---------|-------------|--|
| No. <b>C 170667</b>  |                 | <b>Due no later than Dec 31, 2015</b>   |      | <b>2. Registered Agent and Address (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>TRIPLE P TRUCKING, INC.<br>JACOB T PERKINS<br>1306 E 4100 N<br>BUHL ID 83316 |      | JACOB PERKINS<br>1306 E 4100 N<br>BUHL ID 83316    |         |             |  |
|  |                 |   |      | 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 |  |
| DIRECTOR   | J D PERKINS     | 1306 E 4100 N   | BUHL | ID   | USA     | 83316       |  |
| PRESIDENT  | JACOB T PERKINS | 1306 E 4100 N   | BUHL | ID   | USA     | 83316       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 170667</b>  |                 | 6. Annual Report must be signed.*<br>Signature: jacob perkins<br>Name (type or print): jacob perkins<br>Date: 10/31/2015<br>Title: owner      |      |  |         |             |  |
| Processed 10/31/2015   |                 | * Electronically provided signatures are accepted as original signatures.   |      |  |         |             |  |