

|                                                                                                                                                        |                |                                                                                                                                                                                |            |                                                        |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------|---------|-------------|--|
| No. <b>W 78740</b>                                                                                                                                     |                | <b>Due no later than Oct 31, 2009</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>C & D LIVESTOCK EXPRESS LLC<br>MINDY DREES<br>PO BOX 465<br>GOODING ID 83330 |            | CANDICE COOLEY<br>2621 EASTGATE<br>TWIN FALLS ID 83301 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                                                |            | 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                                                                                                                                                 | ERIC DREES     | 629 3RD AVE W                                                                                                                                                                  | GOODING    | ID                                                     | USA     | 83330       |  |
| MEMBER                                                                                                                                                 | MINDY DREES    | 629 3RD AVE W                                                                                                                                                                  | GOODING    | ID                                                     | USA     | 83330       |  |
| MEMBER                                                                                                                                                 | CANDICE COOLEY | 2621 EASTGATE                                                                                                                                                                  | TWIN FALLS | ID                                                     | USA     | 83301       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 78740</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Mindy Drees<br>Name (type or print): Mindy Drees<br><br>Date: 10/15/2009<br>Title: Member                                      |            |                                                        |         |             |  |
| Processed 10/15/2009                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                      |            |                                                        |         |             |  |