

|                                                                                                                                                        |                   |                                                                                                                                               |            |                                                     |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------|---------|-------------|--|
| No. <b>C 136915</b>                                                                                                                                    |                   | <b>Due no later than Dec 31, 2007</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>M L PALMER TRUCKING, INC.<br>MIKE PALMER<br>439 W MAIN ST<br>ST ANTHONY ID 83445 |            | MIKE PALMER<br>439 W MAIN ST<br>ST ANTHONY ID 83445 |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                               |            | 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                                                                                                                                              | MIKE PALMER       | 439 W MAIN STREET                                                                                                                             | ST ANTHONY | ID                                                  | USA     | 83442       |  |
| SECRETARY                                                                                                                                              | THELMA ANN PALMER | 439 W MAIN STREET                                                                                                                             | ST ANTHONY | ID                                                  | USA     | 83445       |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>C 136915</b>                                                                                              |                   | 6. Annual Report must be signed.*<br>Signature: Mike Palmer<br>Name (type or print): Mike Palmer                                              |            |                                                     |         |             |  |
| Date: 12/21/2007<br>Title: Member                                                                                                                      |                   |                                                                                                                                               |            |                                                     |         |             |  |
| Processed 12/21/2007                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                     |            |                                                     |         |             |  |