| No. C 145848 | | Due no later than Oct 31, 2016 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|---------------|--|---|---|------------------|-------|---------|-------------|
| Return to: | | Annual Report Form | | TODD FLIPPENCE | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. FLIPPENCE TRUCKING, INC. TODD FLIPPENCE PO BOX 621 PRESTON ID 83263 | | 108 SOUTH 2600 EAST PRESTON ID 83263 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Corporations: Enter Na | mes and Busin | ess Addresses of I | President, Secretary, and Directors. Tr | easurer (| optional). | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| PRESIDENT TODD L FLIPPI | | PPENCE | PO BOX 621 | | PRESTON | ID | USA | 83263 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Todd Flippence | | | Date: 01/04/2017 | | | |
| C 145848 | | Name (type or print): Todd Flippence | | | Title: President | | | |
| Processed 01/04/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |