| No. <b>C 104666</b>   | Due no later than Jan 31, 2011  | 2. Registered Agent and Address (NO PO BOX) |  |         |             |  |
|---|---|---|--|---------|-------------|--|
| Return to:  | Annual Report Form  |   | LARRY C ASHCRAFT  430 NORTH 6 EAST  MOUNTAIN HOME ID 83647 |         |             |  |
| SECRETARY OF STATE  | 1. Mailing Address: Correct in this box if needed.                        |   |  |         |             |  |
| 700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080  | MCLANE LIVESTOCK TRANSPORT, INC. MARY E MCLANE 8498 HWY 67 NORTH          | MOUNTAIN HOME ID 83047                      |  |         |             |  |
|   | POPLAR BLUFF MO 63901   | 3. New Registere                            | 3. New Registered Agent Signature:*                        |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE  | USA   |   |  |         |             |  |
| 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 J P MCLAI   | NE 8498 HWY 67 NORTH  | POPLAR BLUFF                                | MO   | USA     | 63901       |  |
| SECRETARY MARY MCI  | ANE 8498 HWY 67 NORTH   | POPLAR BLUFF                                | МО   | USA     | 63901       |  |
| 5. Organized Under the Laws of:   | 6. Annual Report must be signed.*   |   |  |         |             |  |
| МО  | Signature: Becky M Brooks   | ture: Becky M Brooks Date: 12/14/2010       |  |         |             |  |
| C 104666  | Name (type or print): Becky M Brooks                                      | Title: Financial Manager                    |  |         |             |  |
| Processed 12/14/2010  | * Electronically provided signatures are accepted as original signatures. |   |  |         |             |  |