

No. W 11815	Due no later than 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX											
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable N & S TRAILER, LLC MALCOLM O WRIGHT 4477 CAVENDISH RD LENORE, ID 83541		MALCOLM O WRIGHT 4477 CAVENDISH RD LENORE, ID 83541 3. <u>New</u> Registered Agent Signature											
	4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>MALCOLM O WRIGHT</td> <td>4477 Cavendish Rd</td> <td>Lenore</td> <td>Id</td> <td>83541</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		MALCOLM O WRIGHT	4477 Cavendish Rd	Lenore	Id
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
	MALCOLM O WRIGHT	4477 Cavendish Rd	Lenore	Id	83541									
5. Organized Under the Laws of: IDAHO W 11815	6. Signature <u>MALCOLM O WRIGHT</u> Date <u>3-6-01</u> Name <small>(Typed or Printed)</small> <u>MALCOLM O WRIGHT</u> Title: <u>XXXX</u>													