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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------|---------------------|
| No. <b>W 10219</b>                                                                                                                                     |                 | <b>Due no later than Nov 30, 2017</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>R. C. CRAIGO TRUCKING L.L.C.<br>ROBERT C CRAIGO<br>2770 W HARGRAVE AVE<br>POST FALLS ID 83854 |            | ROBERT C CRAIGO<br>2770 W HARGRAVE AVE<br>POST FALLS ID 83854 |                     |
|                                                                                                                                                        |                 |                                                                                                                                                                                                 |            | 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 |
| MANAGER                                                                                                                                                | ROBERT C CRAIGO | 2770 W HARGRAVE AVE                                                                                                                                                                             | POST FALLS | ID                                                            | 83854               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 10219</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Robert C. Craigo<br>Name (type or print): Robert C. Craigo<br>Date: 11/07/2017<br>Title: Owner                                                  |            |                                                               |                     |
| Processed 11/07/2017                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                                       |            |                                                               |                     |