2001 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2001 8:00 am Secretary of State **DOCUMENT # F0000000607** 1. Entity Name SNOLINE EXPRESS, INC. 05-02-2001 90025 048 ***150.00 Principal Place of Business Mailing Address PO BOX 388 PO BOX 388 TROY ID*83871 TROY ID 83871 2. Principal Place of Business 3. Mailing Address 303 B060EL 303 ROEDEL DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 82-0435728 CALDWELL Not Applicable CALDWELL \$8.75 Additional 5. Certificate of Status Desired CANVON Fee Required 2**086**8 CANYON 83605 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Bono, WARREN MARTIN, JAMES R Street Address (P.O. Box Number is Not Acceptable) 1758 NW 82 AVE.. **MIAMI FL 33196** 1758 NW 82 AVE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PCD ☐ Addition Delete TITLE TITLE EVA LOW DIEBEL DIEBEC, EVAL NAME NAME 1130 ORCHARD LOOP ROAD STREET ADDRESS STREET ADDRESS 8387/ CITY-ST(ZIP TROY ID CITY-ST-ZIP T (2_0) Change ☐ Addition VD ☐ Detete TITLE TITLE DIEBEL, E. BOYD NAME NAME لمعم 1130 ORCHARD LOOP ROAD STREET ADDRESS STREET ADDRESS 83871 CITY STEZIP CITY-ST-ZIP TROY ID TR04 SECRETARY Change Addition Delete TITLE TITLE EILEEN M. BUTTS HEITZMAN, RON NAME NAME 1130 ORCHARD LOOP ROAD 303 ROEDEL AVE. STREET ADDRESS STREET ADDRESS TROY ID CITY-ST-ZIP CALOWELL, ID 83605 CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Delete

4/18/01 (208) 453-2786 EVALOW C. DIEBEL ... PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TURE AND

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

☐ Addition

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Change