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COMMONWEALTH OF KENTUCKY
TREY GRAYSON, SECRETARY OF STATE
ANNUAL REPORT
DUE JUNE 30, 2007

0622584

ORGANIZATION ID #	STATE OR COUNTRY OF INCORPORATION	ORGANIZATION DATE	FILING FEE
0622584	KY	09/28/2005	$15.00

RECEIVED
FEB

(1) EXACT CORPORATE NAME AND CURRENT PRINCIPAL OFFICE ADDRESS

ROCKY MOUNTAIN LOGISTICS, INC.
212 PRODUCTION COURT
LOUISVILLE, KY 40299

THIS IS OUR MAILING ADDRESS

(3) THE PRINCIPAL OFFICE ADDRESS IS HEREBY CHANGED TO

ROCKY MOUNTAIN LOGISTICS, INC.
P.O. BOX 436466
LOUISVILLE, KY 40253-6466

(2) CURRENT REGISTERED AGENT AND REGISTERED OFFICE ADDRESS
Changes made to the registered agent or registered office cannot be made on this form. Complete (4) to request a form to be mailed or download form from web site.

JON BOATRIGHT
335 PETERSON DRIVE
TAYLORSVILLE, KY 40071

(4) MAIL A STATEMENT OF CHANGE OF AGENT OR OFFICE TO

(5) PRINCIPAL OFFICERS If (5) is blank, type or print the **names and business addresses** of the current principal officers. If sole officer, please note. The annual report will be returned if business addresses are not listed. If the corporation has previously filed an annual report, verify the names and titles of officers listed below. Please note any additions to or changes in the principal officers and **give the business address** for each person listed.

President	Jon Boatright	Address
Vice President	Gary A Remmers	Address
		Address
		Address
		Address

(6) DIRECTORS Type or print the **names and business addresses** of the corporation's directors. No listing of directors is verification that the corporation has dispensed with directors (KRS 271B.8-010(3)). **Nonprofit corporations must list three (3) or more directors** (KRS 273.211). The annual report will be returned if business addresses are not listed.

Name	Address
Jon Boatright	
Gary A Remmers	Address
Name	Address
Name	Address
Name	Address

(7) Check here if you are a cooperative corporation or association organized under KRS 272. ☐
Check here if you are a rural electric or rural telephone cooperative corporation organized under KRS 279. ☐

I VERIFY THAT THE INFORMATION IN THIS ANNUAL REPORT IS CURRENT AS OF THE DATE THIS REPORT IS EXECUTED.

Signature of Officer or Chairman of the Board	Type or Print Name	Title	Date
	GARY A. REMMERS	V.P.	1/15/07

ANNUAL REPORT AND FILING FEE
Submit for filing the completed annual report form and correct filing fee as indicated above. Make check payable to the ***"Kentucky State Treasurer". Please do not send cash.***

MAILING ADDRESS
Trey Grayson
Secretary of State
P O Box 1150
Frankfort, KY 40602-1150

OFFICE LOCATION
Secretary of State
State Capitol, Room 154
700 Capital Avenue
Frankfort, KY 40601
(502)-564-2848

NOTE: P O Box 1150 is for annual report filings only.