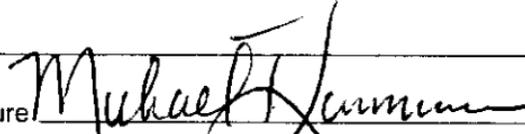


No. W 18917	Due no later than April 30, 2004 Annual Report Form	2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	<div style="background-color: black; color: white; padding: 2px; text-align: center;">1. Mailing Address - Correct in this box, if applicable</div> LAMMERS TRUCK CENTER, LLC 2500 N 2800 E 195 DEERE ST. TWIN FALLS, ID 83301	MICHAEL T LAMMERS 195 DEERE ST TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;"><u>Office held</u></th> <th style="text-align: center;"><u>Name</u></th> <th style="text-align: center;"><u>Street or P.O. Address</u></th> <th style="text-align: center;"><u>City</u></th> <th style="text-align: center;"><u>State</u></th> <th style="text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">owner</td> <td style="text-align: center;">michael T. Lammers</td> <td style="text-align: center;">195 DEERE ST.</td> <td style="text-align: center;">Twin Falls</td> <td style="text-align: center;">ID</td> <td style="text-align: center;">83301</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>	owner	michael T. Lammers	195 DEERE ST.	Twin Falls	ID	83301
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
owner	michael T. Lammers	195 DEERE ST.	Twin Falls	ID	83301									
5. Organized Under the Laws of: IDAHO W 18917	6. Signature:  Date: 4-29-04 Name (Typed or Printed): michael T. Lammers Title: owner													