No. <b>W 26239</b>		Due	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		to provide an and the contract of the contract	TRAVIS J MICHAELSON 1035 OCTOBER COVE SHELLEY ID 83274			
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 needed.  DIAMOND BACK TRANSPORT, LLC TRAVIS J MICHAELSON 1035 OCTOBER COVE SHELLEY ID 83274-5068						
				SHELLET ID				
				3. <u>New</u> Register	3. New Registered Agent Signature:*			
4. Limited Liability Compar	nies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	TRAVIS J MICHAELSON		1035 OCTOBER COVE	SHELLEY	ID		83274-5068	
MEMBER LYLE V MIC		CHAELSON	P.O. BOX 1355	BLACKFOOT	ID		83221-1355	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
IDA HO W 26239		Signature: Travis J. Michaelson Date: 08/07/2006						
		Name (type or		Title: Member				
Processed 08/07/2006		* Electronically pro	vided signatures are accepted as origin	al signatures.				