No. W 2694 Return to:		Due no later than Jul 31, 2011 Annual Report Form			2. Registered Agent and Address (NO PO BOX) HAL SIMMONS 6203 FOUNDERS POINTE DR IDAHO FALLS ID 83406 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Addi SIMMONS TRUCK HAL SIMMONS 6203 FOUNDERS IDAHO FALLS ID	IDAHO FALLS					
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Nai	mes and Addresses o	f at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER HAL D SIMMONS		6203 FOUNDRES POINTE DR	IDAHO FALLS	ID	USA	83406		
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Hal D Simmons			Date: 05/23/2011			
W 2694		Name (type or print): Hal D Simmons			Title: Mrg Ptn			
Processed 05/23/2011 * Electronically provided signatures are accepted as original signatures.								