No. <b>C 103333</b>		Due	2. Registered A	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			ROBERT SIMMONS 3230 HWY 162 KAMIAH ID 83536  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  SIMMONS SANITATION SERVICE, INC.  ROBERT W SIMMONS  PO BOX 1523  KAMIAH ID 83536  USA		KAMIAH ID				
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registe				
4. Corporations: Enter Nar	mes and Busin	ess Addresses of P	resident, Secretary, and Directors. Treasu	ırer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	SHEILA K SIMMONS		PO BOX 484 710 MAIN ST	KAMIAH	ID	USA	83536	
PRESIDENT ROBERT W SIMMONS			PO BOX 484 710 MAIN ST	KAMIAH	ID	USA	83536	
SECRETARY	DONALD O	SIMMONS	BOX 415	KAMIAH	ID	USA	83536	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 103333		Signature: Robert W. Simmons			Date: 08/05/2014			
		Name (type or print): Robert W. Simmons			Title: President			
Processed 08/05/2014		* Electronically pro	ovided signatures are accepted as original	signatures.				