



## STATE OF IDAHO

**STATE OF IOWA  
Office of the secretary of state, Phil McGrane  
ANNUAL REPORT**

Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301  
Filing Fee: \$0.00

*For Office Use Only*

-FILED-

File #: 0005364498

Date Filed: 8/16/2023 10:29:16 AM

| Entity Name and Mailing Address:  |  |  |       |                  |  |        |  |
|---|--|--|-------|------------------|--|--------|--|
| Entity Name:  | Genxtrucking LLC   |  |       |                  |  |        |  |
| The file number of this entity on the records of the Idaho Secretary of State is:   |  |  |       |                  |  |        |  |
| Address   | 1869 E SELTICE WAY # 127<br>POST FALLS, ID 83854-7019  |  |       |                  |  |        |  |
| Entity Details:   |  |  |       |                  |  |        |  |
| Entity Status   | Active-Existing  |  |       |                  |  |        |  |
| This entity is organized under the laws of:   |  |  |       |                  |  |        |  |
| IDAHO   |  |  |       |                  |  |        |  |
| If applicable, the old file number of this entity on the records of the Idaho Secretary of State was:   |  |  |       |                  |  |        |  |
| The registered agent on record is:  |  |  |       |                  |  |        |  |
| Registered Agent  | LEGALINC CORPORATE SERVICES INC.<br>Commercial Registered Agent<br>Physical Address<br>800 W MAIN ST STE 1460<br>BOISE, ID 83702<br>Mailing Address<br>800 W MAIN ST STE 1460<br>BOISE, ID 83702 |  |       |                  |  |        |  |
| Agent or Address Change   |  |  |       |                  |  |        |  |
| <input type="checkbox"/> Select if you are appointing a new agent.  |  |  |       |                  |  |        |  |
| Limited Liability Company Managers and Members  |  |  |       |                  |  |        |  |
| <table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Business Address</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Bradley Nelson</td> <td>Member</td> <td>1869 E SELTICE WAY 127<br/>POST FALLS, ID 83854</td> </tr> </tbody> </table> |  | Name   | Title | Business Address | <input checked="" type="checkbox"/> Bradley Nelson | Member | 1869 E SELTICE WAY 127<br>POST FALLS, ID 83854 |
| Name  | Title  | Business Address                               |       |                  |  |        |  |
| <input checked="" type="checkbox"/> Bradley Nelson  | Member   | 1869 E SELTICE WAY 127<br>POST FALLS, ID 83854 |       |                  |  |        |  |
| The annual report must be signed by an authorized signer of the entity.   |  |  |       |                  |  |        |  |
| Job Title: Manager  |  |  |       |                  |  |        |  |
| <i>Bradley Nelson</i>   |  |  |       |                  |  |        |  |
| <input type="checkbox"/> Sign Here  |  |  |       |                  |  |        |  |
| <i>08/16/2023</i>   |  |  |       |                  |  |        |  |
| <input type="checkbox"/> Date   |  |  |       |                  |  |        |  |