No. C 165102		Due no later than Feb 28, 2011		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			MICHAEL LAMMERS 195 DEERE ST TWIN FALLS ID 83301 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. LAMMERS TRUCK CENTER, INC. MICHAEL T LAMMERS 195 DEERE ST TWIN FALLS ID 83301 USA		50-10000000-00 At 1000000000000000000000000000000000				
				3. <u>New</u> Registe				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).								
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	CARRIE M L		2500 N. 2800 E.	TWIN FALLS	ID	USA	83301	
PRESIDENT	MICHAEL T	LAMMERS	2500 N. 2800 E.	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Michael T. Lammers			Date:	Date: 03/03/2011		
C 165102		Name (type o		Title: Owner				
Processed 03/03/2011 * Electronically provided signatures are accepted as original signatures.								