

| | | | | | | | |
|--|--------------------------|--|--|---|-------------|----------------|----------------------|
| No. W 161189 | | Due no later than Jan 31, 2017 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. PREMIER SPRAYING AND LANDSCAPING LLC MATTHEW J LARSON 205 W 72 S BURLEY ID 83318 | | MATTHEW JAMES LARSON 205 W 72 S BURLEY ID 83318 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held MANAGER | Name MATTHEW J LARSON | Street or PO Address 205 W 72 S | | City BURLEY | State ID | Country USA | Postal Code 83318 |
| 5. Organized Under the Laws of: ID W 161189 | | 6. Annual Report must be signed.* Signature: Matthew J Larson Name (type or print): Matthew J Larson Date: 01/24/2017 Title: Owner | | | | | |
| Processed 01/24/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | |