

No. W 26154		Due no later than Sep 30, 2005		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. SUMMIT PEST CONTROL, LLC 329 S WOODRUFF IDAHO FALLS ID 83401 0000		BENSON SMITH 1940 INTERNATIONAL WAY IDAHO FALLS ID 83404 0000	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	BENSON SMITH	3591 SUMMERFIELD DR	IDAHO FALLS	ID	83404
MANAGER	BRIAN COON	1440 FALCON DR	IDAHO FALLS	ID	83406
5. Organized Under the Laws of: IDAHO W 26154		6. Annual Report must be signed.* Signature: BRIAN COON Name (type or print): BRIAN COON Date: 07/18/2005 Title: MANAGER			
Processed 07/18/2005		* Electronically provided signatures are accepted as original signatures.			