

No. W 74141		Due no later than May 31, 2011		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		CHRISTOPHER L CABLE 1205 POWERS AVENUE LEWISTON ID 83501			
		1. Mailing Address: Correct in this box if needed. APOCALYPSE PEST CONTROL, LLC CHRISTOPHER L CABLE 1205 POWERS AVENUE LEWISTON ID 83501		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	CHRISTOPHER L CABLE	1205 POWERS AVENUE	LEWISTON	ID	USA	83501	
MEMBER	LISA D ELLIOTT	1205 POWERS AVENUE	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 74141		Signature: Christopher L. Cable				Date: 04/04/2011	
		Name (type or print): Christopher L. Cable				Title: Manager	
Processed 04/04/2011		* Electronically provided signatures are accepted as original signatures.					