No. <b>W 44001</b>		Due no later than Oct 31, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		GARY HAMILTON 88 SUNNYSIDE DR JEROME ID 83338			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed.  SUPERIOR TREE SERVICE L. L. C. GARY HAMILTON PO BOX 5691 TWIN FALLS ID 83303-5691 USA					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	GARY HAMII			JERUME ID 63336			
	TWIN FALLS			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: Ente	er Names and Address	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER GARY I	HAMILTON	88 SUNNYSIDE DR	JEROME	ID	USA	83338	
MEMBER TOM V	/ILLIAMSON	101 E 400 S	BURLEY	ID	USA	83318	
5. Organized Under the Laws of: 6. Annual Repor		ort must be signed.*					
<b>ID</b> Signature:		Gary Hamilton	Date: 10/14/2011				
W 44001	Name (type	Name (type or print): Gary Hamilton		Title: Member			
Processed 10/14/2011	* Electronically	* Electronically provided signatures are accepted as original signatures.					