

No. W 26154		Due no later than Sep 30, 2006		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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. SUMMIT PEST CONTROL, LLC 329 S WOODRUFF IDAHO FALLS ID 83401		BENSON SMITH 1940 INTERNATIONAL WAY IDAHO FALLS ID 83404			
				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: Benson Smith Name (type or print): Benson Smith					
				Date: 09/20/2006		Title: Manager	
Processed 09/20/2006		* Electronically provided signatures are accepted as original signatures.					