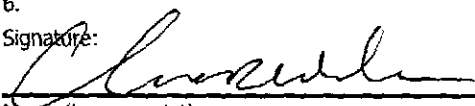
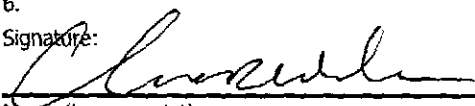
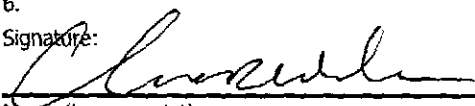


No. W 122945	Due no later than Mar 31, 2018 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CHARLES WODELMAN PO BOX 231 COOLIN ID 83821
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. PRIEST LAKE LAWN CARE LLC PO BOX 231 COOLIN ID 83821		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Charles R Wodelman	PO Box 231	cooln	id	USA	83821
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 122945 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>3/10/18</u> </td> </tr> <tr> <td> Name (type or print): <u>CHARLES R WODELMAN</u> </td> <td> Title: <u>3/10/18</u> </td> </tr> </table>	Signature: 	Date: <u>3/10/18</u>	Name (type or print): <u>CHARLES R WODELMAN</u>	Title: <u>3/10/18</u>
Signature: 	Date: <u>3/10/18</u>				
Name (type or print): <u>CHARLES R WODELMAN</u>	Title: <u>3/10/18</u>				

Issued 03/02/2018 by SLD
105989

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM