No. <b>W 155999</b>	Due no later than Sep 30, 2018		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form			JEFFERY KOHLER			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.  KOHLER PEST CONTROL & LAWN CARE LLC  JEFFERY KOHLER  111 S 800 W		111 S 800 W	111 S 800 W BLACKFOOT ID 83221			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			BLACKFOOT				
	BLACKFOOT ID 83221		3. <u>New</u> Register	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	1.5 1						
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	
MEMBER JEFFERY KE	NT KOHLER	111 S 800 W	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of:	6. Annual Report must be signed.*						
ID	Signature: Jeff		Date: 07/31/2018				
W 155999	Name (type or print): Jeff Kohler			Title: Owner			
Processed 07/31/2018	* Electronically provided signatures are accepted as original signatures.						