

| | | | | | | | |
|--|-------------------|---|--------|--|---------|------------------|--|
| No. C 147855 | | Due no later than Feb 29, 2012 | | 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 1. Mailing Address: Correct in this box if needed. O'BRIEN LANDSCAPING, INC. STEPHEN O'BRIEN 4240 SWEET HOME DR VICTOR ID 83455 | | STEPHEN O'BRIEN 4240 N SWEET HOME DR VICTOR ID 83455 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT | STEPHEN A O'BRIEN | 4240 SWEET HOME DR | VICTOR | ID | USA | 83455 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 147855 | | Signature: Stephen A. O'Brien | | | | Date: 12/12/2011 | |
| | | Name (type or print): Stephen A. O'Brien | | | | Title: Prsident | |
| Processed 12/12/2011 | | * Electronically provided signatures are accepted as original signatures. | | | | | |