

No. <b>W 74141</b>		<b>Due no later than May 31, 2013</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		CHRISTOPHER L CABLE 3525 11TH STREET D LEWISTON ID 83501			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		APOCALYPSE PEST CONTROL, LLC LISA D ELLIOTT 3525 11TH ST D LEWISTON ID 83501					
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	CHRISTOPHER L CABLE	721 BURRELL AVE	LEWISTON	ID	USA	83501	
MEMBER	LISA D ELLIOTT	721 BURRELL AVE	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 74141</b>		Signature: Lisa D Elliott			Date: 04/01/2013		
		Name (type or print): Lisa D Elliott			Title: Member Manager		
Processed 04/01/2013		* Electronically provided signatures are accepted as original signatures.					