

|                                                                                                                                                        |               |                                                                                                                                              |            |                                                             |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------|---------|-------------|--|
| No. <b>C 197175</b>                                                                                                                                    |               | <b>Due no later than Jan 31, 2016</b>                                                                                                        |            | 2. Registered Agent and Address <b>(NO PO BOX)</b>          |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>PRESTIGE LANDSCAPE MAINTENANCE INC.<br>PO BOX 3450<br>POST FALLS ID 83877   |            | JOSHUA GIVENS<br>605 E 8TH AVE STE C<br>POST FALLS ID 83854 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                              |            | 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                                                                                                                                              | JOSHUA GIVENS | 605 E 8TH AVE STE C                                                                                                                          | POST FALLS | ID                                                          | USA     | 83854       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 197175</b>                                                                                          |               | 6. Annual Report must be signed.*<br>Signature: Joshua Givens<br>Name (type or print): Joshua Givens<br>Date: 11/30/2015<br>Title: President |            |                                                             |         |             |  |
| Processed 11/30/2015                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                    |            |                                                             |         |             |  |