

No. W 45206	Due no later than Dec 31, 2010 Annual Report Form		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	1. Mailing Address: Correct in this box if needed.		ROBERT CONKLIN 5190 MOUNTAIN VIEW DR BOISE ID 83704			
	HOME TOWN LAWN CARE, LLC ROBERT CONKLIN 5190 MOUNTAIN VIEW DR BOISE ID 83704		3. <u>New</u> Registered Agent Signature:*			
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
MANAGER	KIMBERLY K CONKLIN	5290 MOUNTAIN VIEW DRIVE	BOISE	ID	USA	83704
MANAGER	ROBERT CONKLIN	5190 MOUNTAIN VIEW DR	BOISE	ID	USA	83704
5. Organized Under the Laws of: ID W 45206	6. Annual Report must be signed.* Signature: Robert Conklin Name (type or print): Robert Conklin		Date: 01/06/2011 Title: Manager			
Processed 01/06/2011		* Electronically provided signatures are accepted as original signatures.				