

No. <b>C 176794</b>		<b>Due no later than Jan 31, 2014</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  DOUBLE O LAWN CARE INC. ROBERT M OLSON 1433 W QUINN POCATELLO ID 83201		ROBERT M OLSON 1433 W QUINN POCATELLO ID 83201			
						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	ROBERT M OLSON	1433 W QUINN RD	POCATELLO	ID	USA	83201	
DIRECTOR	SHELDON D OLSON	1406 ZENER	POCATELLO	ID	USA	83201	
TREASURER	BILLIE M OLSON	1433 W QUINN RD	POCATELLO	ID	USA	83201	
SECRETARY	BILLIE M OLSON	1433 W QUINN RD	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:  <b>ID</b> <b>C 176794</b>		6. Annual Report must be signed.*  Signature: Robert M Olson Name (type or print): Robert M Olson					
		Date: 01/15/2014 Title: President					
Processed 01/15/2014		* Electronically provided signatures are accepted as original signatures.					