

|                                                                                                                                                        |            |                                                                                                                                                                           |          |                                                      |         |                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------|---------|---------------------|--|
| No. <b>W 96081</b>                                                                                                                                     |            | <b>Due no later than Sep 30, 2012</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>BEST LAWNS, LLC<br>MIKE SCOTT<br>3018 N BIGROCK PL<br>MERIDIAN ID 83646 |          | MIKE SCOTT<br>3018 N BIGROCK PL<br>MERIDIAN ID 83646 |         |                     |  |
|                                                                                                                                                        |            |                                                                                                                                                                           |          | 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                                                                                                                                                | MIKE SCOTT | 3018 N BIGROCK PL                                                                                                                                                         | MERIDIAN | ID                                                   | USA     | 83646               |  |
| 5. Organized Under the Laws of:                                                                                                                        |            | 6. Annual Report must be signed.*                                                                                                                                         |          |                                                      |         |                     |  |
| <b>ID<br/>W 96081</b>                                                                                                                                  |            | Signature: Mike Scott                                                                                                                                                     |          |                                                      |         | Date: 07/23/2012    |  |
|                                                                                                                                                        |            | Name (type or print): Mike Scott                                                                                                                                          |          |                                                      |         | Title: Member/owner |  |
| Processed 07/23/2012                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                                                 |          |                                                      |         |                     |  |