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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 98473</b>                                                                                                                                     |                 | Due no later than Dec 31, 2013                                                                                                                                          |            | 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>WESTERN LANDSCAPING, LLC<br>C/O JOHN A COLEMAN<br>PO BOX 1293<br>TWIN FALLS ID 83303-1293<br>UNITED STATES |            | JOHN A COLEMAN<br>401 GOODING ST N STE 201<br>TWIN FALLS ID 83301 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                         |            | 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                                                                                                                                                | LELAND J CONNER | 540 FILER AVENUE                                                                                                                                                        | TWIN FALLS | ID                                                                | USA     | 83301       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 98473</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Connor Leland<br>Name (type or print): Connor Leland<br>Date: 10/17/2013<br>Title: Manager                              |            |                                                                   |         |             |  |
| Processed 10/17/2013                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                               |            |                                                                   |         |             |  |