No. <b>W 82867</b>		Due no later than Apr 30, 2015		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		JOHN C HOLLON 168 ORCHARD DRIVE W TWIN FALLS 83301  3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  LANDSCAPING YOUR WAY, LLC  JOHN C HOLLON  168 ORCHARD DRIVE W  TWIN FALLS ID 83301						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Nar	mes and Address	ses of at least one Member or Manage	er.				
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER JOHN) C HOLLO		DLLON	168 ORCHARD		TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 82867		Signature: John Hollon		Date: 04/17/2015				
		Name (type or print): John Hollon			Title: Member			
Processed 04/17/2015 * Electronically provided signatures are accepted as original signatures.								