| No. W 52026 | | Due no later than Jun 30, 2008 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|---|---------------|--|---|---|-------|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. ALCHEMY PEST CONTROL LLC ANDREW LARSON 15 W MAIN REXBURG ID 83440 | | ANDREW LARSON 15 W MAIN REXBURG ID 83440 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar | | mos and Addresses of at | least one Member or Manager | | | | | |
| Office Held | Name | mes and Addresses of at | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | ANDREW LARSON | | 5107-202 COPPER RIDGE DR | DURHAM | NC | USA | 27707 | |
| 5. Organized Under the Laws of: ID W 52026 | | 6. Annual Report must be signed.* Signature: Andrew Larson Name (type or print): Andrew Larson | | Date: 04/22/2008 Title: Member | | | | |
| Processed 04/22/2008 | | * Electronically provided | Electronically provided signatures are accepted as original signatures. | | | | | |