No. <b>W 52988</b>		Due no later than Jul 31, 2008		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form  1. Mailing Address: Correct in this box if needed.  CUTTING EDGE LAWN CARE, LLC  HOWARD G UTZMAN  PO BOX 604  PULLMAN WA 99163		SHAWN WARREN O'CONNOR  1332 HEMLOCK AVE LEWISTON ID 83501  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CUTTING EDGE LA HOWARD G UTZN PO BOX 604						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ente	Names and Addresses of	at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER SHAWN	WARREN O'CONNOR	1332 HEMLOCK AVE	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:	Organized Under the Laws of:  6. Annual Report must be signed.*						
<b>ID</b> Signature: Shawn O'Con		O'Connor		Date: 08/31/2008			
W 52988	Name (type or pri	Name (type or print): Shawn O'Connor		Title: Manager			
Processed 08/31/2008	* Electronically provid	* Electronically provided signatures are accepted as original signatures.					