

No. W 45206		Due no later than Dec 31, 2011		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. HOME TOWN LAWN CARE, LLC ROBERT CONKLIN 5190 MOUNTAIN VIEW DR BOISE ID 83704		ROBERT CONKLIN 5190 MOUNTAIN VIEW DR BOISE ID 83704			
				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	ROBERT CONKLIN	3511 MOUNTAIN VIEW DR	BOISE	ID	USA	83704	
MANAGER	KIMBERLY K CONKLIN	5190 MOUNTAIN VIEW DRIVE	BOISE	ID	USA	83704	
5. Organized Under the Laws of: ID W 45206		6. Annual Report must be signed.* Signature: Robert Conklin Name (type or print): Robert Conklin Date: 01/17/2012 Title: Manager					
Processed 01/17/2012		* Electronically provided signatures are accepted as original signatures.					