

No. W 45206		Due no later than Dec 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		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 83704			
NO FILING FEE IF RECEIVED BY DUE DATE				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	5190 MOUNTAIN VIEW DR	BOISE	ID	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: 10/14/2014 Title: President					
Processed 10/14/2014		* Electronically provided signatures are accepted as original signatures.					