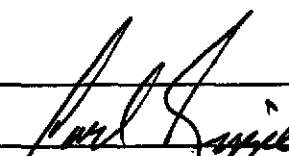


No. W 11063	Due no later than February 28, 2009 Annual Report Form		2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		CARL ROBERT RIPPE PO BOX 1 HAMMETT, ID 83627-0001
	COMMERCIAL LANDSCAPE MAINTENANCE, L PO BOX 1 HAMMETT, ID 83627-0001		3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MANAGER	CARL ROBERT RIPPE	P.O. Box 1	HAMMETT	Id.	83627-0001

5. Organized Under the Laws of: IDAHO W 11063	6. Signature  Name (Typed or Printed) <u>CARL ROBERT RIPPE</u> Date <u>1-23-2008</u> Title <u>MANAGER</u>
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Issued 12/01/2008

Do Not Tape or Staple

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