

|  |                   |  |          |   |         |             |  |
|--|-------------------|--|----------|---|---------|-------------|--|
| No. <b>W 88785</b>   |                   | <b>Due no later than Dec 31, 2010</b>  |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>        |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>AAA TREE SERVICE LLC<br>DOUG W HARDIN<br>515 WARNER AVE #3<br>LEWISTON ID 83501   |          | KIMBERLY HARDIN<br>515 WARNER AVE #3<br>LEWISTON ID 83501 |         |             |  |
|  |                   |  |          | 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 |  |
| MEMBER   | KIMBERLY J HARDIN | 515 WARNER AVE #3  | LEWISTON | ID  | USA     | 83501       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 88785</b>   |                   | 6. Annual Report must be signed.*<br>Signature: Kimberly J. Hardin<br>Name (type or print): Kimberly J. Hardin<br>Date: 01/07/2011<br>Title: Owner |          |   |         |             |  |
| Processed 01/07/2011   |                   | * Electronically provided signatures are accepted as original signatures.  |          |   |         |             |  |