No. W 167671		Due no later than Jun 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to:				ANDREW JONES			
SECRETARY OF STATE	1. Mailir	ng Address: Correct in this box if needed.		533 SMOKEY MOUNTAIN DR JEROME ID 83338			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	533 SMO	LITTER GITTER DEBRIS REMOVAL LLC 533 SMOKEY MOUNTAIN DR JEROME ID 83338		JERUME ID 63336			
	52.13.12			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	:						
4. Limited Liability Companies: E	nter Names and Addr	esses of at least one Member or Manager.					
Office Held Name	9	Street or PO Address	City	State	Country	Postal Code	
MEMBER ANDR	REW JONES	533 SMOKEY MOUNTAIN DRIVE	JEROME	ID	USA	83338	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature	Signature: Andrew Jones		Date: 06/21/2017			
W 167671	Name (ty	Name (type or print): Andrew Jones		Title: Owner			
Processed 06/21/2017	* Electronica	* Electronically provided signatures are accepted as original signatures.					