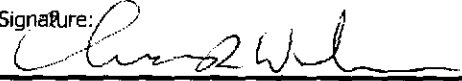
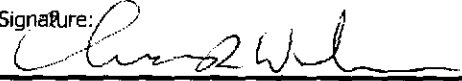
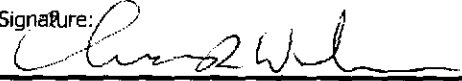


| No. W 122945 | Due no later than Mar 31, 2017 Annual Report Form | | 2. Registered Agent and Office (NOT A P.O. BOX) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|--|------------------|---|-----------------|-------|---------|-------------|---|------------------|------------|--------|----|-----|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | | 1. Mailing Address: Correct in this box if needed. PRIEST LAKE LAWN CARE LLC PO BOX 231 COOLIN ID 83821 | CHARLES WODELMAN PO BOX 231 COOLIN ID 83821 3. <u>New</u> Registered Agent Signature. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>CHARLES WODELMAN</td> <td>PO BOX 231</td> <td>COOLIN</td> <td>ID</td> <td>USA</td> <td>83821</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | CHARLES WODELMAN | PO BOX 231 | COOLIN | ID | USA | 83821 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | CHARLES WODELMAN | PO BOX 231 | COOLIN | ID | USA | 83821 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 122945 | | 6. <table border="1"> <tr> <td>Signature: </td> <td>Date: 6/26/17</td> </tr> <tr> <td>Name (type or print): CHARLES R WODELMAN</td> <td>Title: OWNER</td> </tr> </table> | | Signature:  | Date: 6/26/17 | Name (type or print): CHARLES R WODELMAN | Title: OWNER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature:  | Date: 6/26/17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (type or print): CHARLES R WODELMAN | Title: OWNER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |