

No. W 18069		Due no later than February 29, 2008 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		1. Mailing Address - Correct in this box, if applicable LANDESCAPES, LLC 30764 N RIFFLE RD SPIRIT LAKE, ID 83869		JACOB C CLARK 30764 N RIFFLE RD SPIRIT LAKE, ID 83869	
NO FILING FEE IF RECEIVED BY DUE DATE				3. New 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>
OWNER/ MANAGER	JACOB C. CLARK	30764 N. RIFFLE RD.	SPIRIT LAKE	ID	83869
5. Organized Under the Laws of: IDAHO W 18069		6.			
		Signature <u>Jacob C. Clark</u>		Date <u>2/9/08</u>	
		Name (Typed or Printed) <u>JACOB C. CLARK</u>		Title <u>OWNER/MANAGER</u>	

Issued 12/03/2007

Do Not Tape or Staple

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