

| | | | | | | | |
|--|------------------|--|------------|---|---------|-------------|--|
| No. W 103013 | | Due no later than May 31, 2017 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. LAWN LIZARDS LLC EMILY SCARLETT PO BOX 313 CLARK FORK ID 83811 | | CHRIS SCARLETT 733 PAINTER RD CLARK FORK ID 83811 | | | |
| | | | | 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 | CHRIS E SCARLETT | 733 PAINTER ROAD P.O. BOX 313 | CLARK FORK | ID | USA | 83811 | |
| MEMBER | TIM TURNBULL | P.O. BOX 276 | HOPE | ID | USA | 83836 | |
| 5. Organized Under the Laws of: ID W 103013 | | 6. Annual Report must be signed.* Signature: Emily Scarlett Name (type or print): Emily Scarlett Date: 05/24/2017 Title: Manager | | | | | |
| Processed 05/24/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |