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|--|---------------|---|--------|--|---------|------------------------------------|--|
| No. W 163353 | | Due no later than Mar 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAPRO WEED AND PEST MANAGEMENT LLC MICHAEL S AUSTIN 9990 BRILL RD EMMETT ID 83617 | | MICHAEL S AUSTIN 9990 BRILL RD EMMETT ID 83617 | | | |
| | | | | 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 | KYLA J AUSTIN | 9990 BRILL RD | EMMETT | ID | USA | 83617 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 163353 | | Signature: MICHAEL S AUSTIN Name (type or print): MICHAEL S AUSTIN | | | | Date: 03/28/2017 Title: MANAGER | |
| Processed 03/28/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |