

No. C104611	Annual Report Form <i>Due No Later Than November 30,</i>		1996	2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct EARTHCARE, INC. ROGER B ANDEREGG 3505 TAMARACK		ROGER B ANDEREGG 4125 CATALPA DR 3505 TAMARACK BOISE ID 83703																				
	BOISE ID 83703		3. Organized Under the Laws of: ID C104611																				
	4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"><u>Office held</u></th> <th style="width: 20%;"><u>Name</u></th> <th style="width: 30%;"><u>Street or P.O. Address</u></th> <th style="width: 10%;"><u>City</u></th> <th style="width: 10%;"><u>State</u></th> <th style="width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRES</td> <td>Roger Anderegq</td> <td>3505 TAMARACK</td> <td>BOISE</td> <td>ID</td> <td>83703</td> </tr> <tr> <td>VP</td> <td>Jacquie Anderegq</td> <td>3505 TAMARACK</td> <td>Boise</td> <td>ID</td> <td>83703</td> </tr> </tbody> </table>						<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PRES	Roger Anderegq	3505 TAMARACK	BOISE	ID	83703	VP	Jacquie Anderegq	3505 TAMARACK	Boise	ID	83703
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5. NATURE OF BUSINESS LANDSCAPE MAINT.		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Jacquie Anderegq</u> Date <u>7-16-96</u> Name <small>(Typed or Printed)</small> <u>Jacquie Anderegq</u> Title <u>VP</u>																					

ISSUED: 07-06-1996

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