

No. W 74141

Due no later than May 31, 2009

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

APOCALYPSE PEST CONTROL, LLC
721 BURRELL AVE
LEWISTON, ID 83501CHRISTOPHER L CABLE
721 BURRELL AVE
LEWISTON, ID 83501**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
member - mgr	Christopher L. Cable	721 Burrell Avenue	Lewiston	ID	83501

5. Organized Under the Laws of:

IDAHO
W 74141

6.

Signature

Date 13 MARCH 2009

Name (Typed or Printed)

Christopher L. Cable

Title

Manager

Issued 03/02/2009

Do Not Tape or Staple

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