

No. <b>W 53065</b>		<b>Due no later than Jul 31, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  PEST RX, LLC ROBERT SCOVIL PO BOX 551 POCATELLO ID 83204-0551		ROBERT SCOVIL 248 MAPLEWOOD AVE POCATELLO ID 83204	
				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	ROBERT SCOVIL	248 MAPLEWOOD	POCATELLO	ID	83204
MANAGER	KARA SCOVIL	248 MAPLEWOOD	POCATELLO	ID	83204
5. Organized Under the Laws of:  <b>ID W 53065</b>		6. Annual Report must be signed.* Signature: Kara Scovil Name (type or print): Kara Scovil Date: 06/02/2016 Title: Manager			
Processed 06/02/2016		* Electronically provided signatures are accepted as original signatures.			