

|                                                                                                                                                        |                     |                                                                                                                                                                                 |         |                                                     |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------|---------|-------------|--|
| No. <b>W 22886</b>                                                                                                                                     |                     | <b>Due no later than Feb 28, 2010</b>                                                                                                                                           |         | 2. Registered Agent and Address <b>(NO PO BOX)</b>  |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                     | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>T AND T LAWN CARE, LLC<br>BRIAN TOMCHAK<br>218 BASSETT RD<br>ROBERTS ID 83444 |         | BRIAN TOMCHAK<br>218 BASSETT RD<br>ROBERTS ID 83444 |         |             |  |
|                                                                                                                                                        |                     |                                                                                                                                                                                 |         | 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 |  |
| MANAGER                                                                                                                                                | BRIAN TOMCHAK       | 218 BASSETT RD                                                                                                                                                                  | ROBERTS | ID                                                  | USA     | 83444       |  |
| MANAGER                                                                                                                                                | SANDRA DAWN TOMCHAK | 218 BASSETT RD                                                                                                                                                                  | ROBERTS | ID                                                  | USA     | 83444       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 22886</b>                                                                                           |                     | 6. Annual Report must be signed.*<br>Signature: Brian Tomchak<br>Name (type or print): Brian Tomchak<br>Date: 12/26/2009<br>Title: Manager                                      |         |                                                     |         |             |  |
| Processed 12/26/2009                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                                                       |         |                                                     |         |             |  |