No. W 56464		Due no later than Nov 30, 2009	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. NEW HORIZONS LAWN MAINTENANCE & LANDSCAPE LLC SHARON LOSEKE 28490 SCOTT PIT RD PARMA ID 83660	DALE LOSEKE 28490 SCOTT PIT RD PARMA ID 83660 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4 Limited Liability Companies: Enter Nar		nes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER DALE LOSEK		E 28490 SCOTT PIT RD	PARMA	ID	USA	83660
5. Organized Under the Laws of: ID W 56464		6. Annual Report must be signed.* Signature: Sharon Loseke Name (type or print): Sharon Loseke	Date: 10/04/2009 Title: Office Manager			
Processed 10/04/2009 * Electronically provided signatures are accepted as original signatures.						