| No. <b>W 54247</b>                                                                                                         |                                                                           | Due no later than Sep 30, 2010 Annual Report Form  1. Mailing Address: Correct in this box if needed.  HEDGE HOG LAWN SERVICE LLC  AMANDA J SHEPHARD  10668 ONONDAGA  BOISE ID 83709 |                                       | 2. Registered        | 2. Registered Agent and Address (NO PO BOX)  AMANDA SHEPHARD 10668 ONONDAGA BOISE ID 83709  3. New Registered Agent Signature:* |            |                |  |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------|------------|----------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |                                                                           |                                                                                                                                                                                      |                                       | 10668 ONO            |                                                                                                                                 |            |                |  |
|                                                                                                                            |                                                                           |                                                                                                                                                                                      |                                       | 3. <u>New</u> Regist |                                                                                                                                 |            |                |  |
| 200                                                                                                                        |                                                                           | mes and Address                                                                                                                                                                      | es of at least one Member or Manager. | C'I                  | G1 1                                                                                                                            |            | D              |  |
| Office Held                                                                                                                | Name                                                                      | NIEV                                                                                                                                                                                 | Street or PO Address                  | City                 | State                                                                                                                           | Country    | Postal Code    |  |
| MEMBER<br>MEMBER                                                                                                           | DAVID S HANEY<br>AMANDA J SHEPHARD                                        |                                                                                                                                                                                      | 10668 ONONDAGA<br>10668 ONONDAGA      | BOISE<br>BOISE       | ID<br>ID                                                                                                                        | USA<br>USA | 83709<br>83709 |  |
| 5. Organized Under the Laws of:                                                                                            |                                                                           | 6. Annual Repor                                                                                                                                                                      | t must be signed.*                    |                      |                                                                                                                                 |            |                |  |
| ID                                                                                                                         |                                                                           | Signature: Da                                                                                                                                                                        |                                       | Date: 07/12/2010     |                                                                                                                                 |            |                |  |
| W 54247                                                                                                                    |                                                                           | Name (type o                                                                                                                                                                         |                                       | Title: Member        |                                                                                                                                 |            |                |  |
| Processed 07/12/2010                                                                                                       | * Electronically provided signatures are accepted as original signatures. |                                                                                                                                                                                      |                                       |                      |                                                                                                                                 |            |                |  |