No. W 45206	Due no later than December 31, 2007 **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	1. Mailing Address - Correct in this box, if applicable HOME TOWN LAWN CARE, LLC ROBERT CONKLIN 5190 MOUNTAIN VIEW DR BOISE, ID 83704	ROBERT CONKLIN 5190 MOUNTAIN VIEW DR BOISE, ID 83704 3. New Registered Agent Signature

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

Office held	Name	Street or P.O. Address	City	State	Zip
MANAGER	ROBERT CONKLIN	5190 MTN. VIEW DR	BOISE	ID	83704
MANAGER	KIM CONKLIN	5190 MTN VIEW DR	BOISE	ID	83704

5. Organized Under the Laws of:	6.
IDAHO W 45206	Signature _____ Date 10/1/7 Name (Typed or Printed) ROBERT CONKLIN Title MGR

Issued 10/01/2007

Do Not Tape or Staple

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