

|                                                                                                                                                        |              |                                                                                                                                                       |          |                                                     |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------|---------|-------------|--|
| No. <b>W 124845</b>                                                                                                                                    |              | Due no later than May 31, 2015                                                                                                                        |          | 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>1. Mailing Address: Correct in this box if needed.</b><br><br>ARGON LAWN CARE LLC<br>CARL ARGON<br>1185 E. CHATEAU DR.<br>MERIDIAN ID 83646<br>USA |          | CARL ARGON<br>1185 E. CHATEAU DR.<br>MERIDIAN 83646 |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                                       |          | 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                                                                                                                                                | CARL J ARGON | 1185 E. CHATEAU DR.                                                                                                                                   | MERIDIAN | ID                                                  | USA     | 83646       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 124845</b>                                                                                          |              | 6. Annual Report must be signed.*<br>Signature: Carl Argon<br>Name (type or print): Carl Argon<br>Date: 04/14/2015<br>Title: Manager                  |          |                                                     |         |             |  |
| Processed 04/14/2015                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                             |          |                                                     |         |             |  |