

|  |               |  |        |   |                     |
|--|---------------|--|--------|---|---------------------|
| No. <b>W 64856</b>   |               | <b>Due no later than Jul 31, 2016</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>MOSS LAWN CARE & HANDYMAN SERVICES, LLC<br>KACY MOSS<br>PO BOX 66<br>DRIGGS ID 83422 |        | KACY MOSS<br>2171 MOUNTAIN MEADOW DRIVE<br>DRIGGS ID 83422-8342 |                     |
|  |               |  |        | 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  | KACY MOSS     | 2171 MOUNTAIN MEADOW DRIVE   | DRIGGS | ID  | 83422               |
| MANAGER  | RACHELLE MOSS | 2171 MOUNTAIN MEADOW DRIVE   | DRIGGS | ID  | 83422               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 64856</b>   |               | 6. Annual Report must be signed.*<br>Signature: Rachelle Moss<br>Name (type or print): Rachelle Moss<br>Date: 07/29/2016<br>Title: owner/manager                                   |        |   |                     |
| Processed 07/29/2016   |               | * Electronically provided signatures are accepted as original signatures.  |        |   |                     |