No. <b>W 70929</b>		Due no later than Jan 31, 2015	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form  1. Mailing Address: Correct in this box if needed.  SIGNATURE LAWN CARE LLC JOHN OMAN	JOHN OMAN 11448 CONCORD RIVER WAY NAMPA 83686			
		11448 CONCORD RIVER WAY NAMPA ID 83686	3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Cor	mpanies: Enter Nai	mes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER JOHN OMAN		2320 SUNNYBROOK DR #203	NAMPA	ID		83686
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: jt	Date: 02/24/2015			
W 70929		Name (type or print): jt	Title: owner			
Processed 02/24/2015 * Electronically provided signatures are accepted as original signatures.						