No. <b>C 171220</b>		Due no later than Jan 31, 2014 Annual Report Form  1. Mailing Address: Correct in this box if needed.  LAKE CITY LAWN CARE, INC.  MICHAEL CHAPMAN PO BOX 1600 COEUR D'ALENE ID 83816		2. Registered Agent and Address (NO PO BOX)  MICHAEL R CHAPMAN  402 W CANFIELD AVE STE 2  COEUR D'ALENE ID 83815  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							
4. Corporations: Enter Nar	mes and Busin	ess Addresses of Presi	dent, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
TREASURER	DAVE BABB		6615 W. BUFFALO GRASS LANE	RATHDRUM	ID	USA	83858
SECRETARY BRENDA BAE		BB	6615 W. BUFFALO GRASS LANE	RATHDRUM	ID	USA	83858
DIRECTOR FERMIN GAL			C/O 6615 W. BUFFALO GRASS LANE	RATHDRUM	ID	USA	83858
PRESIDENT	JANET GALL	OWAY	C/O 6615 W. BUFFALO GRASS LANE	RATHDRUM	ID	USA	83858
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 171220		Signature: Michael R. Chapman		Date: 11/27/2013			
		Name (type or print): Michael R. Chapman		Title: Authorized Agent			
Processed 11/27/2013 * Electronically provided signatures are accepted as original signatures.							