No. W 85573	Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2012	2. Registered Agent and Office (NOT A P.O. BOX) RONALD BRANT LOVELL 1009 E COVE RD VIOLA ID 83872
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: $30.00	1. Mailing Address: Correct in this box if needed. LOVELL'S TREE SERVICE, LLC MICHELLE N LOVELL 1009 E COVE RD VIOLA ID 83872 USA	3. New Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager ☒ Member ☐	Ronald Brant Lovell	1009 E. Cove Rd	Viola	ID	USA	83872
Manager ☒ Member ☐	Michelle N. Lovell	1009 E. Cove Rd	Viola	ID	USA	83872
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6. Signature:	Date:
IDAHO W 85573	Michelle Lovell	4-24-17
	Name (type or print): Michelle Lovell	Title: owner/manager

Issued 04/24/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM