

No. <b>J 2416</b>		<b>Due no later than Jul 31, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  MILITARY MAIDS & LAWN CARE SERVICES LLP SUZETTE POOLE 1186 SW GILLESPIE LN MOUNTAIN HOME ID 83647		SUZETTE POOLE 1186 SW GILLESPIE LN MOUNTAIN HOME ID 83647	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
PARTNER	SUZETTE POOLE	1186 SW GILLESPIE LN	MOUNTAIN HOME	ID	83647
PARTNER	MELVIN M POOLE	1186 SW GILLESPIE LN	MOUNTAIN HOME	ID	83647
5. Organized Under the Laws of:  <b>ID J 2416</b>		6. Annual Report must be signed.* Signature: Suzette Poole Name (type or print): Suzette Poole Date: 06/08/2016 Title: Owner			
Processed 06/08/2016		* Electronically provided signatures are accepted as original signatures.			