No. W 153525		Annual Report Form 1. Mailing Address: Correct in this box if needed. ALL SEASONS LANDSCAPE AND HANDYMAN LLC PO BOX 989 BONNERS FERRY ID 83805		2. Registered Age	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				72128 HWY 2 MOYIE SPRING	DANNY STOLLEY 72128 HWY 2 MOYIE SPRINGS ID 83845-8384 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE 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	
MEMBER	BONNER CLARK		PO BOX 989	BONNERS FERRY	' ID	USA	83805	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Kevin Kluender			Date: 07/24/2017			
W 153525		Name (type or print): Kevin Kluender			Title: CPA			
Processed 07/24/2017 * Electronically provided signatures are accepted as original signatures.								