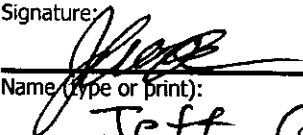
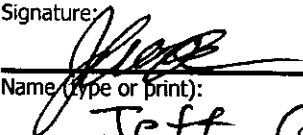
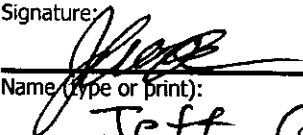


No. W 99927	Reinstatement Annual Report Form ADMIN DISSOLVED 04/09/2012		2. Registered Agent and Office (NOT A P.O. BOX) JEFFREY COUCH 3685 N 2570 E TWIN FALLS ID 83301																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 837 0-0080	1. Mailing Address: Correct in this box if needed. MOOSE CREEK LANDSCAPING & FENCE LLC 3685 N 2570 E PO Box 5064 TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature.																																			
REINSTATEMENT FEE DUE: \$30.00																																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Jeff Couch</td> <td>3685 N 2570 E,</td> <td>Twin Falls,</td> <td>ID</td> <td></td> <td>Twin Falls</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Brandy Couch</td> <td>3685 N 2570 E,</td> <td>Twin Falls,</td> <td>ID</td> <td></td> <td>83301</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Jeff Couch	3685 N 2570 E,	Twin Falls,	ID		Twin Falls	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Brandy Couch	3685 N 2570 E,	Twin Falls,	ID		83301	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Jeff Couch	3685 N 2570 E,	Twin Falls,	ID		Twin Falls																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Brandy Couch	3685 N 2570 E,	Twin Falls,	ID		83301																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 99927 </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  Name (Type or print): <u>Jeff Couch</u> </td> <td style="width: 40%;"> Date: <u>1/24/14</u> Title: _____ </td> </tr> </table>		Signature:  Name (Type or print): <u>Jeff Couch</u>	Date: <u>1/24/14</u> Title: _____																																	
Signature:  Name (Type or print): <u>Jeff Couch</u>	Date: <u>1/24/14</u> Title: _____																																					

Issued 01/21/2014 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM