No. W 126914	D	Due no later than Jul 31, 2016			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		MARION R GRAVELLE				
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed.		5423 VILLA MIRAGE CT IDAHO FALLS ID 83404				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	GREEN LEAF LANDSCAPING LLC MARION GRAVELLE 5423 VILLA MIRAGE CT		IDANO FALLS					
	IDAHO FALLS	IDAHO FALLS ID 83404		3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter	Names and Address	es of at least one Member or Manager.						
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
MANAGER MARION	GRAVELLE	5423 VILLA MIRAGE CT	IDAHO FALLS	ID	USA	83404		
5. Organized Under the Laws of:	Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature: M	Signature: Marion Gravelle		Date: 06/08/2016				
W 126914	Name (type o	Name (type or print): Marion Gravelle			Title: Co-Owner			
Processed 06/08/2016	* Electronically provided signatures are accepted as original signatures.							