| No. W 161101 | | Due no later than Jan 31, 2017 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|---|---|---|---------|-------------|--|
| Return to: | Anı | Annual Report Form | | APRILE THORNSBERRY | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address PRECISION TREE L APRILE M. THORN 1319 NW WITHROW MOUNTAIN HOME | NSBERRY W COURT | 1319 NW WITHROW COURT MOUNTAIN HOME ID 83647 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Companies: En | ter Names and Addresses of | at least one Member or Manager. | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER APRILI | MICHELE THORNSBERRY | 1319 N.W. WITHROW COURT | MOUNTAIN HON | ME ID | USA | 83647 | |
| 5. Organized Under the Laws of: 6. Annual Report must be sign | | st be signed.* | | | | | |
| ID | ID Signature: Aprile Thornsberry | | Date: 01/28/2017 | | | | |
| W 161101 | Name (type or prin | Name (type or print): Aprile Thornsberry | | Title: Owner | | | |
| Processed 01/28/2017 | * Electronically provide | * Electronically provided signatures are accepted as original signatures. | | | | | |