

No. W 29457		Due no later than Mar 31, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TREE MEDIC, LLC RYAN W WICHMAN 2900 N GOVERNMENT WAY 229 COEUR D'ALENE ID 83815		RYAN W WICHMAN 2900 N GOVERNMENT WAY 229 COEUR D'ALENE ID 83815			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
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
MANAGER	RYAN W WICHMAN	2900 N GOVERNMENT WAY 229		COEUR D'ALENE	ID	USA	83815
5. Organized Under the Laws of: ID W 29457		6. Annual Report must be signed.* Signature: Ryan Wichman Name (type or print): Ryan Wichman Date: 01/26/2018 Title: Owner					
Processed 01/26/2018 * Electronically provided signatures are accepted as original signatures.							