

|                                                                                                                                                        |                    |                                                                                                                                                                |           |                                                               |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------|---------|-------------|--|
| No. <b>W 102176</b>                                                                                                                                    |                    | <b>Due no later than Apr 30, 2017</b>                                                                                                                          |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>            |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>1. Mailing Address: Correct in this box if needed.</b><br>PEREGRINE TREE & LANDSCAPE LLC<br>RICHARD E DEL CARLO<br>5 WILD HORSE TRAIL<br>SANDPOINT ID 83864 |           | JENNIFER DELCARLO<br>5 WILD HORSE TRAIL<br>SANDPOINT ID 83864 |         |             |  |
|                                                                                                                                                        |                    |                                                                                                                                                                |           | 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                                                                                                                                                | JENNIFER DEL CARLO | 5 WILD HORSE TRAIL                                                                                                                                             | SANDPOINT | ID                                                            | USA     | 83864       |  |
| 5. Organized Under the Laws of:<br><b>ID</b><br><b>W 102176</b>                                                                                        |                    | 6. Annual Report must be signed.*<br>Signature: Jennifer Del Carlo<br>Name (type or print): Jennifer Del Carlo                                                 |           |                                                               |         |             |  |
|                                                                                                                                                        |                    | Date: 02/19/2017<br>Title: Manager                                                                                                                             |           |                                                               |         |             |  |
| Processed 02/19/2017                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                      |           |                                                               |         |             |  |