

No. W 29457		Due no later than Mar 31, 2017		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. TREE MEDIC, LLC RYAN W WICHMAN 6240 CEZANNE DR COEUR D'ALENE ID 83815		RYAN W WICHMAN 6240 CEZANNE DR COEUR D'ALENE ID 83815	
				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	6240 N CEZANNE DR	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: 01/25/2017 Title: Owner			
Processed 01/25/2017		* Electronically provided signatures are accepted as original signatures.			