

No. <b>W 47469</b>		<b>Due no later than Feb 29, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		SCOTT FISH 570 E 15TH N MOUNTAIN HOME ID 83647	
		<b>1. Mailing Address: Correct in this box if needed.</b> STF LAWN CARE LIMITED LIABILITY COMPANY SCOTT FISH PO BOX 382 MOUNTAIN HOME ID 83647		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
MEMBER	SCOTT FISH	570 EAST 15TH NORTH	MOUNTAIN HOME	ID	USA 83647
MEMBER	ANGELA E FISH	570 EAST 15TH NORTH	MOUNTAIN HOME	ID	USA 83647
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
<b>ID W 47469</b>		Signature: Angela E Fish		Date: 02/28/2016	
		Name (type or print): Angela E Fish		Title: member	
Processed 02/28/2016		* Electronically provided signatures are accepted as original signatures.			