

No. W 47469		Due no later than Feb 29, 2016 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. STF LAWN CARE LIMITED LIABILITY COMPANY SCOTT FISH PO BOX 382 MOUNTAIN HOME ID 83647		SCOTT FISH 570 E 15TH N MOUNTAIN HOME ID 83647			
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	
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: ID W 47469		6. Annual Report must be signed.* Signature: Angela E Fish Name (type or print): Angela E Fish Date: 02/28/2016 Title: member					
Processed 02/28/2016 * Electronically provided signatures are accepted as original signatures.							