

No. W 135578	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2015		2. Registered Agent and Office (NOT A P.O. BOX) AARON SHEARMAN 2496 N HOSE GULCH AVE KUNA ID 83634
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. LAWN RANGER LANDSCAPING LLC (THE) AARON SHEARMAN 2496 N HOSE GULCH AVE KUNA ID 83634 <i>9668 W. Lancelot Ct</i> <i>Boise ID 83704</i>		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Jason Waters</i>	<i>9668 W. Lancelot Ct</i>	<i>Boise ID 83704</i>
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Aaron Shearman</i>	<i>2496 N Hose Gulch Ave</i>	<i>Kuna ID 83634</i>
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 135578 </div>		6. Signature: <i>[Signature]</i> Date: <i>4-12-16</i> Name (type or print): <i>Jason Waters</i> Title: _____	
Issued 04/12/2016 by TLB			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM