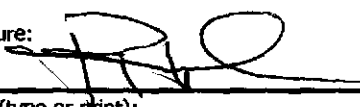


No. <b>W 49847</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 07/21/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JOHN HOWARD 1525 LIZASO BOISE ID 83709																														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> PRO-EDGE LAWN & LANDSCAPE, LLC JOHN HOWARD 1525 LIZASO BOISE ID 83709																																
Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			3. <u>New</u> Registered Agent Signature.																														
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<table border="1"> <thead> <tr> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>JOHN PAUL HOWARD</td> <td>1525 S. LIZASO</td> <td>BOISE</td> <td>ID</td> <td></td> <td>83709</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="5"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="5"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="5"></td> </tr> </tbody> </table>			Name	Street or PO Address	City	State	Country	Postal Code	JOHN PAUL HOWARD	1525 S. LIZASO	BOISE	ID		83709	Manager <input type="checkbox"/> Member <input type="checkbox"/>						Manager <input type="checkbox"/> Member <input type="checkbox"/>						Manager <input type="checkbox"/> Member <input type="checkbox"/>					
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5. Organized Under the Laws of:  <b>IDAHO W 49847</b>	6. Signature:  Date: <u>8/18/17</u> Name (type or print): <u>JOHN PAUL HOWARD</u> Title: <u>OWNER</u>																																

Issued 08/18/2017 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**