| No. W 4145 | | Due no later than Jun 30, 2018 | | 2. Registered | 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 | | 122 MADV | KAYE GIRARD | | | |
| | | 1. Mailing Address: Correct in this box if needed. LACEY-K TREE SERVICE, L.L.C. KAYE M GIRARD PO BOX 205 123 MARY STREET TROY ID 83871 | | TROY ID | 123 MARY ST TROY ID 83871 3. New Registered Agent Signature:* | | | |
| | | | | or <u>nerr</u> regis | | | | |
| 4. Limited Liability Compar | nies: Enter Nai | mes and Address | es of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER MANAGER | LACEY J GIRARD KAYE M GIRARD | | 123 MARY STREET PO BOX 205 123 MARY STREET PO BOX 205 | TROY TROY | ID ID | | 83871 83871 | |
| 5. Organized Under the Laws of: | | 6. Annual Repor | t must be signed.* | | | | | |
| ID | | Signature: ka | ye girard | | Date: 06/23/2018 | | | |
| W 4145 | | Name (type or print): kaye girard | | | Title: mananger | | | |
| Processed 06/23/2018 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |