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| No. C 180795 | Due no later than Nov 30, 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 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. DIRKS TREE CARE, INC. LISA O DIRKS 284 SKYLINE RD NAPLES ID 83847 | | LISA O DIRKS 284 SKYLINE RD NAPLES ID 83847 | | | |
| | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| PRESIDENT | DOUGLAS R DIRKS | 284 SKYLINE RD | NAPLES | ID | USA | 83847 |
| VICE PRESIDENT | LISA O DIRKS | 284 SKYLINE ROAD | NAPLES | ID | USA | 83847 |
| 5. Organized Under the Laws of: ID C 180795 | 6. Annual Report must be signed.* Signature: Lisa O. Dirks Name (type or print): Lisa O. Dirks | | Date: 10/10/2016 Title: Owner | | | |
| Processed 10/10/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | |