No. <b>W 151713</b>		Due no later than May 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:	An	Annual Report Form		DIANA COLLEN JONES			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Addr GROUNDS CARE O DIANA C JONES 737 W WILDRYE C NAMPA ID 83686	Т	NAMPA ID	737 W WILDRYE CT NAMPA ID 83686-4919  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: Ent	er Names and Addresses of	at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER KRISTO	OPHER DUANE JONES	2520 SUMMERCREST ST	CALDWELL	ID	USA	83607	
5. Organized Under the Laws of:	6. Annual Report mu	Annual Report must be signed.*					
ID	Signature: Kristop	Signature: Kristopher Jones		Date: 06/19/2017			
W 151713	Name (type or pri	Name (type or print): Kristopher Jones		Title: Manager			
Processed 06/19/2017	* Electronically provice	* Electronically provided signatures are accepted as original signatures.					