

No. W 70889

Due no later than January 31, 2009
Annual Report Form2. Registered Agent and Office **NO PO BOX**Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

J. D. LAWCARE LLC
301 WILLIAMS WAY
NYSSA, OR 97913INCorp SERVICES INC
921 S ORCHARD ST STE G
BOISE, ID 83705
USA**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<p>I cancelled my insurance on the first week of April August⁰⁸, because I started working by my self without helpers. Thank You.</p>					

5. Organized Under the Laws of:

IDAHO
W 70889

6.

Signature

Jose A. Delira

Date

12-01-08

Name (Typed or Printed)

Jose A. Delira

Title

Landscape

Issued 11/05/2008

Do Not Tape or Staple

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