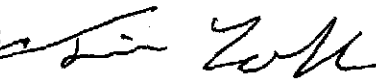


No. W 93968	Due no later than Jun 30, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) TIM COBB 1322 HOWARD ST BOISE ID 83706
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. TREASURE VALLEY LAWN CARE LLC 1322 HOWARD ST BOISE ID 83706		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Tim Cobb 1322 Howard St Boise ID 83706			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: large;"> IDAHO W 93968 </div>		6. Signature:  <hr/> Name (type or print): <div style="font-size: large;">Tim Cobb</div>	
		Date: <div style="font-size: large;">5-12-15</div> <hr/> Title: <div style="font-size: large;">Owner</div>	
Issued 05/12/2015 by JL1		106042	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the