

No. W 138764	Reinstatement Annual Report Form ADMIN DISSOLVED 09/22/2015		2. Registered Agent and Office (NOT A P.O. BOX) SCOTT CISNEROS 14055 S CARLIN BAY RD HARRISON ID 83833																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. TREEPRO LANDSCAPE COMPANY LLC 14055 S CARLIN BAY RD HARRISON ID 83833		3. <u>New</u> Registered Agent Signature.																																			
REINSTATEMENT FEE DUE: \$30.00																																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>SCOTT CISNEROS</td> <td>14055 S. CARLIN BAY RD.</td> <td>HARRISON,</td> <td>ID.</td> <td>KOOTENAI</td> <td>83833</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	SCOTT CISNEROS	14055 S. CARLIN BAY RD.	HARRISON,	ID.	KOOTENAI	83833	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 138764 </div>	6. Signature: <u><i>Scott Cisneros</i></u> Name (type or print): <u>SCOTT CISNEROS</u> Date: <u>2/12/16</u> Title: <u>OWNER</u>																																					

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM