

No. <b>W 63384</b>		Due no later than Jun 30, 2010 Annual Report Form		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) MITCHELL WOLFE #12 BLUE CAMAS SALMON ID 83467	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		1. Mailing Address: Correct in this box if needed. STEELHEAD TREE SERVICE, L.L.C. MITCHELL L WOLFE #12 BLUE CAMAS SALMON ID 83467 USA		3. New Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
PRES	Mitchell L Wolfe	#12 BLUE CAMAS SAL	ID	Lenhi	83467
Vic PRES	KARA WOLFE	#12 BLUE CAMAS SAL	ID	Lenhi	83467
					USA
5. Organized Under the Laws of:		6.			
IDAHO W 63384		Signature: <u>Mitchell Wolfe</u>		Date: <u>5/6/10</u>	
		Name (type or print): <u>MITCHELL L WOLFE</u>		Title: <u>PRES</u>	
Issued 05/03/2010 by LJM					
107217					

### 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