

No. W 107374		Due no later than Oct 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. OUT ON A LIMB TREE SERVICE LLC SAM RAGAN PO BOX 610 PLUMMER ID 83851		CHARYL A STORNETTA 1042 BOSWELL RD PLUMMER ID 83851			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER MANAGER	CHARYL RAGAN SAM RAGAN	PO BOX 610 PO BOX 610	PLUMMER PLUMMER	ID ID	USA USA	83851 08351	
5. Organized Under the Laws of: ID W 107374		6. Annual Report must be signed.* Signature: Charyl Ragan Name (type or print): Charyl Ragan					
		Date: 08/19/2017 Title: Member					
Processed 08/19/2017 * Electronically provided signatures are accepted as original signatures.							