


No. W 69965	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2016		2. Registered Agent and Office (NOT A P.O. BOX) STEVEN A SNYDER 2243 E 4008 N 3831 N 2200 E FILER ID 83328																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ALL AROUND TREE SERVICE, L.L.C. STEVEN A SNYDER 2243 E 4008 N P. O. BOX 101 FILER ID 83328		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Steven A. Snyder</td> <td>P. O. Box 101</td> <td>Filer,</td> <td>ID</td> <td></td> <td>83328</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Vernae E. Snyder</td> <td>P. O. Box 101</td> <td>Filer,</td> <td>ID</td> <td></td> <td>83328</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Steven A. Snyder	P. O. Box 101	Filer,	ID		83328	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Vernae E. Snyder	P. O. Box 101	Filer,	ID		83328	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: IDAHO W 69965	6. Signature:  Name (type or print): <u>Steven A. Snyder</u> Date: <u>4/2/16</u> Title: <u>Member</u>																																					

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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 address is not shown in Block 1, strike it out and write in the correct address. **Notes:** To ensure future mailings, the