




No. W 101839	Reinstatement Annual Report Form ADMIN DISSOLVED 06/07/2012		2. Registered Agent and Office (NOT A P.O. BOX) JACOB M JARMER 2603 W JAMESCROWE DR HAYDEN ID 83835 1335 adew ct Cda ID 83815																																			
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. DOC N BOSS, TREE AND LANDSCAPING SERVICE LLC 2003 W JAMESCROWE DR HAYDEN ID 83835 1335 adew ct Cda ID 83815																																					
REINSTATEMENT FEE DUE: \$30.00		3. New 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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Jacob M Jarmer</td> <td>1335 adew ct</td> <td>Cda</td> <td>ID</td> <td>USA</td> <td>83815</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Henry B Johns</td> <td>1335 adew ct</td> <td>Cda</td> <td>ID</td> <td>USA</td> <td>83815</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"/>	Jacob M Jarmer	1335 adew ct	Cda	ID	USA	83815	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Henry B Johns	1335 adew ct	Cda	ID	USA	83815	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Jacob M Jarmer	1335 adew ct	Cda	ID	USA	83815																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Henry B Johns	1335 adew ct	Cda	ID	USA	83815																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: IDAHO W 101839		6. <table border="1"> <tr> <td>Signature: </td> <td>Date: 6/20/2012</td> </tr> <tr> <td>Name (type or print): Jacob Jarmer</td> <td>Title: President</td> </tr> </table>		Signature: 	Date: 6/20/2012	Name (type or print): Jacob Jarmer	Title: President																															
Signature: 	Date: 6/20/2012																																					
Name (type or print): Jacob Jarmer	Title: President																																					