No. W 118627	Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2015 1. Mailing Address: Correct in this box if needed. TREE CITY MANAGEMENT, LLC KYLE NELSON	2. Registered Agent and Office (NOT A P.O. BOX) KYLE NELSON	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080			
		-3864 PERSHING -BOISE ID-83705	
		SIC E Vyelwood CH#KY	
	- 3864 PERSHING" BOIS E ID 83705	Ficion 1d 83712	
REINSTATEMENT FEE	31C E Victoria (Ct. # 100	3. <u>New</u> Registered Agent Signature.	
DUE: \$30.00	Brise V1 85+12		
4. Limited Liability	Companies: Enter Names and Addresses of Manag	pers OR Members. See Instructions.	
Manager or Member	Name Street or PO Address Ci	ty State Country Postal Code	
Manager 🔯 Member 🗌	My Welson BICE Producated #	in ld 115A 83712	
Manager Member	(1)	15 × 104 × 1051	
Manager Member			
Manager Member			
5. Organized Under the La	ws of: 6.		
IDAHO	Signature:	Date:	
W 118627	Hilarn Nilce	1/27 15	
VV 11002/	Name (type or print):	Title:	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Issued 01/27/2015 by JL1