

|  |                   |   |       |   |         |                  |  |
|--|-------------------|---|-------|---|---------|------------------|--|
| No. <b>W 140100</b>  |                   | <b>Due no later than Jul 31, 2017</b>   |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>        |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>T & C LAWN CARE LLC.<br>DAVID C DICKERSON<br>13 SEABISCUIT<br>NAMPA ID 83687 |       | DAVID C DICKERSON<br>13 SEABISCUIT<br>NAMPA ID 83687-8368 |         |                  |  |
|  |                   |   |       | 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   | DAVID C DICKERSON | 13 SEABISCUIT   | NAMPA | ID  | USA     | 83687            |  |
| 5. Organized Under the Laws of:  |                   | 6. Annual Report must be signed.*   |       |   |         |                  |  |
| <b>ID<br/>W 140100</b>   |                   | Signature: David Dickerson  |       |   |         | Date: 05/24/2017 |  |
|  |                   | Name (type or print): David Dickerson   |       |   |         | Title: officer   |  |
| Processed 05/24/2017   |                   | * Electronically provided signatures are accepted as original signatures.   |       |   |         |                  |  |