



Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 02/28/2019

Reporting Year: 2018

| Return completed form within 30 days |
|--------------------------------------|
| Idaho Secretary of State |
| Attn: Annual Reports |
| 450 North 4th Street |

B0198-0440 03/12/2019

AM Received

Boise, ID 83702 Phone: (208) 334-2300

| Annual Report: No filing fee if received by due date. If reinstatement is required, the reinstatement fee is \$30.00. | | | | | | |
|---|--------|--------------------------------|--|--|--|--|
| SOS Control Number: | 341031 | Filing Status: Active-Existing | | | | |

Limited Liability Company (D)

Date Formed: 02/03/2012

Formation Locale: ID

| Name | and | Mailing | Add | ress: |
|------|-----|---------|-----|-------|
| | | | | |

SIMPSON FARMS LANDSCAPE L.L.C.

121 N 5TH ST

BELLEVUE, ID 83313

| (1) Add or Change Mailing Address: |
|------------------------------------|
|------------------------------------|

Registered Agent (RA) and Registered Office (RO) Address:

BRANDI JAMESON 121 N 5TH ST BELLEVUE, ID 83313 (2) Change RA and/or RO Address:

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as about These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

| Manager/Member | Name | Business Address | City, State, Zip |
|--------------------|--|---|--------------------------------|
| Mgr Mem | Brandi JAMESON | 121 N. 5 5T. | Bellevue, ld. 33313 |
| Mgr Mem | | | |
| MgrMem | | | |
| Mgr Mem | | | |
| Mgr Mem | | | |
| (5) Signature: | L R | (6) Date: 2・2: | |
| (7) Type/Print Nam | e: Sam Simpson | ر مان (8) Title: در مان (2) | er |
| | | heck made payable to the Idaho Secretary of S | State for \$30 if reinstating. |
| Sign and date this | form and return to the address provided ab | ove. | |
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