

No. **W 159457**

Due no later than Dec 31, 2016  
Annual Report Form

2. Registered Agent and Office  
**(NOT A P.O. BOX)**

DELORES REED  
5787 W GUIDO LN  
NAMPA ID 83687

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.**

DR LANDSCAPE AND SPRINKLERS LLC  
DELORES REED  
5787 W GUIDO LN  
NAMPA ID 83687

**NO FILING FEE IF  
RECEIVED BY DUE  
DATE**

3. New Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>Delores Reed</i>	<i>5787 Guido Ln</i>	<i>Nampa,</i>	<i>Id.</i>	<i>ade</i>	<i>83687</i>
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:

**IDAHO  
W 159457**

6.

Signature:

*Delores J Reed*

Date:

*11-10-16*

Name (type or print):

*Delores J. Reed*

Title:

*Owner/manager*

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