

No. W 151717	Due no later than May 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		KRISTOPHER DUANE JONES 2520 SUMMERCREST ST CALDWELL ID 83607-8360			
	GROUNDS CARE OF BOISE LLC KRISTOPHER D JONES 2520 SUMMERCREST ST CALDWELL ID 83607		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
MANAGER	KRISTOPHER JONES	2520 SUMMERCREST ST	CALDWELL	ID	USA	83607
5. Organized Under the Laws of: ID W 151717		6. Annual Report must be signed.* Signature: Kristopher Jones Name (type or print): Kristopher Jones Date: 05/31/2016 Title: President				
Processed 05/31/2016		* Electronically provided signatures are accepted as original signatures.				