| No. C 171945 | | Due no later than Mar 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. TRIPLE 'A' LAWNCARE INC. MICHAEL S PORTER PO BOX 551 REXBURG ID 83440 Dess Addresses of President, Secretary, and Directors. Treasurer (| | 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 | | | | MICHAEL S PORTER 236 JILL DR REXBURG ID 83440 | | | | |
| | | | | 3. New Registered Agent Signature:* | | | | |
| Office Held | Name | ess Addresses (| Street or PO Address | asurer (| City | State | Country | Postal Code |
| SECRETARY PRESIDENT | JENISE PORT MICHAEL S | | P.O. BOX 551 P.O. BOX 551 | | REXBURG REXBURG | ID ID | USA USA | 83440 83440 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Mike Porter | | | Date: 02/20/2017 | | | |
| C 171945 | | Name (type or print): Mike Porter | | | Title: Owner | | | |
| Processed 02/20/2017 | rocessed 02/20/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | |