



## Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 10/31/2021

| Return completed form within 30 | ) days ( |
|---------------------------------|----------|
| Idaho Secretary of State        | 7        |
| Attn: Annual Reports            |          |

| Annual  | Report: No filing fee if  | received by the due date.                                    | 450 North<br>Boise, ID 8<br>Phone: (20 |                                | 8/2021                                   |
|---|---|--|--|--------------------------------|--|
| SOS Control Nu<br>Limited Liability   | imber: 3650996<br>Company (D)                                   | Filing Status: Active-Existi Date Formed: 10/18/2019         | •                                      | Locale: ID                     | ω<br>:-                                  |
| Name and Mail<br>MGT Profession<br>PO BOX 336<br>ATHOL, ID 838  | al Tree Care, LLC   |  | (1) Add or Change Mail                 | ing Address:                   | 6 PM R                                   |
|   | ent (RA) and Registered<br>AY-TRASK<br>ETAIL DR                 | d Office (RO) Address:                                       | (2) Change RA and/or I                 | RO Address:                    | eceived by                               |
| (3) New Regist  (4) Limited Liabili   | Note: The Regis ered Agent (RA) Signal ty Companies: Enter name | If a new agent is appointed in ite                           | m (2) above, the new agen              | t must sign here to accept the | e appointment                            |
| Manager/Member  | Name  | vill not affect the entity mailing addre<br>Business Address | ·                                      |                                | ittachment.                              |
| Mgr Mem   | MATTHEW GRAY-IT   |  |  | City, State, Zip  Athol, TD.   | 83001<br>0<br>H<br>8<br>8<br>4<br>0<br>1 |
| ☐ Mgr ☐ Mem ☐ Mgr ☐ Mem ☐ Mgr ☐ Mem | norma C.  |  | (6) Date: 10 18                        | 2021                           | werence                                  |
| (7) Type/Print Nam  | e: Mathau C. Gr   | Sign and data this form and column to the                    | (8) Title: Ounte                       | Mem                            | Den                                      |