

No. W 97856		Due no later than Nov 30, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. TWIN FALLS YARD CARE, LLC SID LEZAMIZ 705 FILLMORE TWIN FALLS ID 83301 USA		SID LEZAMIZ JR 1052 MOUNTAIN VIEW DR TWIN FALLS 83301	
				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	STACIE PORTER	705 FILLMORE	TWIN FALLS	ID	USA 83301
5. Organized Under the Laws of: ID W 97856		6. Annual Report must be signed.* Signature: Stacie Porter Name (type or print): Stacie Porter Date: 10/22/2014 Title: Manager			
Processed 10/22/2014		* Electronically provided signatures are accepted as original signatures.			