

No. <b>W 97856</b>		<b>Due no later than Nov 30, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  TWIN FALLS YARD CARE, LLC SID LEZAMIZ 705 FILLMORE TWIN FALLS ID 83301 USA		SID LEZAMIZ JR 1052 MOUNTAIN VIEW DR TWIN FALLS ID 83301			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name SID LEZAMIZ	Street or PO Address 1052 MOUNTAIN VIEW DR.		City TWIN FALLS	State ID	Country USA	Postal Code 83301
5. Organized Under the Laws of:  <b>ID</b> <b>W 97856</b>		6. Annual Report must be signed.*  Signature: Sid Lezamiz Name (type or print): Sid Lezamiz  Date: 11/04/2011 Title: Agent					
Processed 11/04/2011 * Electronically provided signatures are accepted as original signatures.							