

No. W 97856		Due no later than Nov 30, 2011		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		SID LEZAMIZ JR 1052 MOUNTAIN VIEW DR TWIN FALLS ID 83301			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		TWIN FALLS YARD CARE, LLC SID LEZAMIZ 705 FILLMORE TWIN FALLS ID 83301 USA					
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	
MEMBER	SID LEZAMIZ	1052 MOUNTAIN VIEW DR.	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 97856		Signature: Sid Lezamiz			Date: 11/04/2011		
		Name (type or print): Sid Lezamiz			Title: Agent		
Processed 11/04/2011		* Electronically provided signatures are accepted as original signatures.					