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| No. W 47469 | | Due no later than Feb 28, 2013 | | 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 | | SCOTT FISH 570 E 15TH N MOUNTAIN HOME ID 83647 | |
| | | 1. Mailing Address: Correct in this box if needed. STF LAWN CARE LIMITED LIABILITY COMPANY SCOTT FISH PO BOX 382 MOUNTAIN HOME ID 83647 | | 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 |
| MEMBER | SCOTT T FISH | 570 EAST 15TH NORTH | MOUNTAIN HOME | ID | USA 83647 |
| MEMBER | ANGELA E FISH | 570 EAST 15TH NORTH | MOUNTAIN HOME | ID | USA 83647 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | |
| ID W 47469 | | Signature: Angela E Fish | | Date: 02/24/2013 | |
| | | Name (type or print): Angela E Fish | | Title: Member | |
| Processed 02/24/2013 | | * Electronically provided signatures are accepted as original signatures. | | | |