| No. C 150129 | | Due no later than Jul 31, 2012 2. Registered Agent and Address (NO PO BOX) | | | | | |
|--|---|--|-------------------|---|------------------|-------------|--|
| Return to: SECRETARY OF STATE | 1. Mailing | Annual Report Form 1. Mailing Address: Correct in this box if needed. | | GREGORY RIMPAU 504 VISTA DR | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | TREESCAPE GREGORY F 504 VISTA | ES, INC. RIMPAU | COEUR D'ALENI | COEUR D'ALENE ID 83815 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | USA | | | | | | |
| 4. Corporations: Enter Names an | d Business Addresses | of President, Secretary, and Directors. Trea | surer (optional). | | | | |
| Office Held Name | 9 | Street or PO Address | City | State | Country | Postal Code | |
| DIRECTOR GREG | ORY R RIMPAU | 504 VISTA DR | COEUR D'ALENE | ID | USA | 83815 | |
| | ORY R RIMPAU | 504 VISTA DR | COEUR D'ALENE | ID | USA | 83815 | |
| PRESIDENT GREG | ORY R RIMPAU | 504 VISTA DR | COEUR D'ALENE | ID | USA | 83815 | |
| 5. Organized Under the Laws of | 6. Annual Rep | 6. Annual Report must be signed.* | | | | | |
| ID | Signature: | Signature: Gregory RIMPAU | | Date: 10/01/2012 | | | |
| C 150129 | Name (type | Name (type or print): Gregory RIMPAU | | | Title: President | | |
| Processed 10/01/2012 | * Electronically provided signatures are accepted as original signatures. | | | | | | |