

No. <b>C 64965</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1996</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>GERALD W. MARTIN</b> <b>ROUTE 2</b>  <b>ST. MARIES ID 83851</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  <b>K.L.M. NURSERY &amp; DEVELOPMENT</b> <b>GERALD W. MARTIN</b> <b>P.O. BOX 217</b>		3. Organized Under the Laws of:
<b>* FIRST NOTICE *</b>			
<b>ST. MARIES ID 83851</b>			
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>
<u>State</u>	<u>Zip</u>		
President	Edmund Harlan Kieling	37594 Charter Oaks	Clinton Township MI 48036
Vice-Pres.	George E. Long	11460 South Shore Dr. Lake	MI 48632
Sec/Treas.	Gerald W. Martin	P. O. Box 81	St. Maries ID 83861
DIRECTOR	Edmund Harlan Kieling	37594 Charter Oaks	Clinton Township MI 48036
DIRECTOR	George E. Long	11460 South Shore Dr. Lake	MI 48632
DIRECTOR	Gerald W. Martin	P. O. Box 81	St. Maries ID 83861
DIRECTOR	Carol J. Martin	P. O. Box 217	St. Maries ID 83861
5. <b>NATURE OF BUSINESS</b>  <b>TREE FARM</b>		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>Carol J. Martin</i></u> Date <u><i>8-12-96</i></u> Name (Typed or Printed) <u><i>CAROL J. MARTIN</i></u> Title <u><i>Director</i></u>	

ISSUED: 07-06-1996

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