| No. C 212944 | | Due no later than Mar 31, 2018 | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------|---|--------------------------------------|---|---|------------|----------------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. KM NURSERY & FORESTRY INC KEVIN MERRIFIELD 347 CLIFTY VIEW RD BONNERS FERRY ID 83805 | | KEVIN MERRIFIELD 347 CLIFTY VIEW RD BONNERS FERRY ID 83805 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine | | ess Addresses of Pr | esident Secretary and Directors Trea | asurer (| ontional) | | | |
| Office Held | Name | C33 / (ddi C33C3 01 1 1 | Street or PO Address | Jouren (| City | State | Country | Postal Code |
| PRESIDENT KEVIN EARL MERRIFIELD SECRETARY AMANDA LEA MERRIFIELD | | 347 CLIFTY VIEW RD. 347 CLIFTY VIEW RD. | | BONNERS FERRY BONNERS FERRY | | USA USA | 83805 83805 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 212944 | | Signature: Kevin Merrifield Name (type or print): Kevin Merrifield | | | Date: 02/09/2018 Title: President | | | |
| Processed 02/09/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |