

No. **W 22193**

JAN 1, 2007

A. Annual Report Form

2. Registered Agent and Office **NO PO BOX**CORALEE NELSON
5617 HIGHWAY 52
NEW PLYMOUTH, ID 836553. New Registered Agent Signature

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

EASTSIDE FLORIST, LLC
5617 HIGHWAY 52
NEW PLYMOUTH, ID 83655**NO FILING FEE IF
RECEIVED BY DUE DATE**

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<i>Manager</i>	<i>Coralee Nelson</i>	<i>305 South, OR.</i>	<i>Ontario</i>	<i>OR</i>	<i>97914</i>
<i>Assist Manager</i>	<i>Troy Nelson</i>	<i>305 South, OR.</i>	<i>Ontario</i>	<i>OR</i>	<i>97914</i>

5. Organized Under the Laws of:
IDAHO
W 22193

6.

Signature

Date

*1-3-07*Name (Typed or
printed)*Troy Nelson*

Title

Manager