

No. W 67122	Due no later than Sep 30, 2015 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. FLOWER POWER, LIMITED LIABILITY COMPANY INA RANEL HANSON 317 N FIRST AVE SANDPOINT ID 83864 USA		INA RANEL HANSON 317 N FIRST AVE SANDPOINT ID 83864			
			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
MANAGER	INA RANEL HANSON	621 PONDER POINT DR	SANDPOINT	ID		83864
5. Organized Under the Laws of: ID W 67122		6. Annual Report must be signed.* Signature: Ina Ranel hanson Name (type or print): Ina Ranel hanson Date: 07/18/2015 Title: owner/manager				
Processed 07/18/2015		* Electronically provided signatures are accepted as original signatures.				