FILED EFFECTIVE

## REINSTATEMENT

No. <b>L 2873</b>	Annual Report Form ADMIN TERMINATED 01/06/2009		2. Registered Agent and Office NOT A P.O. BOX  PATRICK J TELLERIA		
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	BARBER HILLS NURSERY, AN PATRICK J TELLERIA 3400 BARBER DR BOISE, ID 83712 83716	3400 BARBER DR BOISE, ID 83712  3. Naw registered agent signature			
i imited Hability Companies: Enter	Business Addresses of Precident, Secrit Names and Addresses of management nerships: Enter names and addresses of Street or P.O. Addresses of TELLS	v(. of at least two (2) partners.	⊆tiv Reo`:	State	Z10 83716
5. Organized under the laws of: IDAHO L 2873	6. Signature Name (Typed or Printed)	atrice J TEN	Onto		-09 L PWMG