

No. C 79939	Due no later than Nov 30, 2014 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. CLIFTY VIEW NURSERY, INC. LISA M MENDENHALL-PLUID 312 CLIFTY VIEW RD BONNERS FERRY ID 83805 USA		LON MERRIFIELD 312 CLIFTY VIEW RD BONNERS FERRY ID 83805			
			3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	BONNIE GROVE	PO BOX 672	SANDPOINT	ID	USA	83864
DIRECTOR	STEVE M KOPPANG	6048 KOOTENAI TRAIL ROAD	BONNERS FERRY	ID	USA	83805
SECRETARY	DONNA M MERRIFIELD	312 CLIFTY VIEW ROAD	BONNERS FERRY	ID	USA	83805
PRESIDENT	LON E MERRIFIELD	312 CLIFTY VIEW ROAD	BONNERS FERRY	ID	USA	83805
VICE PRESIDENT	KEVIN E MERRIFIELD	347 CLIFTY VIEW ROAD	BONNERS FERRY	ID	USA	83805
5. Organized Under the Laws of: ID C 79939	6. Annual Report must be signed.* Signature: Lisa Mendenhall-Pluid Name (type or print): Lisa Mendenhall-Pluid		Date: 09/25/2014 Title: Office Manager			
Processed 09/25/2014		* Electronically provided signatures are accepted as original signatures.				