

No. W 100357	Due no later than Feb 28, 2013 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. SPRINGTIME NURSERY LLC SOMERLI PINNOCK 849 SAND CREEK RD ST ANTHONY ID 83445	SOMERLI PINNOK 849 SAND CREEK RD ST ANTHONY ID 83445			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.		3. <u>New</u> Registered Agent Signature:*			
Office Held	Name	City	State	Country	Postal Code
MANAGER	SOMERLI PINNOCK	ST. ANTHONY	ID	USA	83445
5. Organized Under the Laws of: ID W 100357	6. Annual Report must be signed.* Signature: Somerli Pinnock Name (type or print): Somerli Pinnock		Date: 02/03/2013 Title: Manager		
Processed 02/03/2013		* Electronically provided signatures are accepted as original signatures.			