No. <b>C 195893</b> Return to:		Due no later than Sep 30, 2018 Annual Report Form  1. Mailing Address: Correct in this box if needed.  ORTON BOTANICAL GARDEN, INC LAMAR N ORTON 867 FILER AVE W TWIN FALLS ID 83301 USA		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)  LAMAR N ORTON 867 FILER AVE W TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
				LAMAR N OF				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE								
				TWIN FALLS				
				3. New Register				
4. Corporations: Enter	Names and Busine	ess Addresses of Pr	esident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	KENDALL WAYNE ORTON		10166 WEST CAYUSE	BOISE	ID	USA	83714	
DIRECTOR	DAVID EUGENE ORTON		491 SAGEBRUSH	TWIN FALLS	ID	USA	83301	
DIRECTOR	JEREMY ASH ORTON		20 CANYON VIEW RD	JEROME	ID	USA	83338	
TREASURER	ROSALIE MARIA ORTON		867 FILER AVE W	TWIN FALLS	ID	USA	83301	
PRESIDENT	LAMAR NEFF ORTON		867 FILER AVE W	TWIN FALLS	ID	USA	83301	
DIRECTOR	MICHELLE RICHMAN		248 BUCHANAN ST.	TWIN FALLS	ID	USA	83301	
DIRECTOR	ANN DEBOLT		2032 S. CRYSTAL WAY	BOISE	ID	USA	83706	
SECRETARY	CAROLINE MORRIS		1347 W. PASKHILL DR.	BOISE	ID	USA	83702	
DIRECTOR MICHAEL BARKER		rker	189 LINCOLN ST.	TWIN FALLS	ID	USA	83301	
DIRECTOR	LISA DETWE	ILER	189 LINCOLN ST.	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: 6. Annual Repo		6. Annual Report n	nust be signed.*					
ID		Signature: LaMa		Date: 07/29/2018				
C 195893		Name (type or print): LaMar N. Orton			Title: President			
Processed 07/29/2018	,	* Electronically pro	vided signatures are accepted as origina	al signatures.				