

No. <b>C 60968</b>		<b>Due no later than Apr 30, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  HIGH MOUNTAIN NURSERYS, INC. KEVIN J GROVE P.O. BOX 983 MCCALL ID 83638 USA		KEVIN J GROVE 203 SOUTH 3RD STREET MCCALL 83638			
						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	
PRESIDENT	KEVIN J GROVE	203 SOUTH 3RD STREE	PO BOX 983	MCCALL	ID	USA	83638
5. Organized Under the Laws of:  <b>ID</b> <b>C 60968</b>		6. Annual Report must be signed.*  Signature: kevin grove Name (type or print): kevin grove  Date: 04/06/2015 Title: pres					
Processed 04/06/2015      * Electronically provided signatures are accepted as original signatures.							