

No. C 79939	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct CLIFTY VIEW NURSERY, INC. LON MERRIFIELD ROUTE 1, BOX 509 BONNERS FERRY ID 83805		LON MERRIFIELD ROUTE 1, BOX 509 BONNERS FERRY ID 83805
* FIRST NOTICE *	BONNERS FERRY ID 83805		3. Organized Under the Laws of: ID C 79939
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
President	Lon Merrifield	Rt 1 Box 509	Bonnerr's ferry ID 83805
Secretary	Donna Merrifield	Rt 1 Box 509	Bonnerr's Ferry ID 83805
Director	Steve Koppang	Rt 1 Box 505	Bonnerr's Ferry, ID 83805
Director	Bonnie Grove	P O Box 782	Sandpoint, ID 83864
Director	Tom Gibson	408 Superior	Sandpoint, ID 83864
5. NATURE OF BUSINESS TREE NURSERY		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>Lon Merrifield</i></u> Date <u>7-17-96</u> Name (Typed or Printed) <u>Lon Merrifield</u> Title <u>President</u>	

ISSUED: 07-06-1996

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