

No. W 58816

Due no later than February 28, 2009
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

RIVERSIDE NURSERY & GREENHOUSE, LLC
205 ARAVE LN
BLACKFOOT, ID 83221KIM WOLFLEY
205 ARAVE LN
BLACKFOOT, ID 83221NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held	Name	Street or P.O. Address	City	State	Zip
	Paul K. Wolfley } managers	205 Arave Ln	Blackfoot	ID	83221
	Kim A. Wolfley }				
	William Aullman } members	202 W. 225 N.	Blackfoot	ID	83221
	Amanda Aullman }				
	Adam Aullman } members	452	Twin Falls	ID	83301
	Abbie Aullman }	Hidden Tr. Ln			

5. Organized Under the Laws of:

IDAHO
W 58816

6.

Signature

Name (Typed or Printed)

Date

Title

Issued 12/01/2008

Do Not Tape or Staple

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