

No. C 60590	Due no later than Mar 31, 2009 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. KIMBERLY NURSERIES, INC. DAVID S WRIGHT 2862 ADDISON AVE E TWIN FALLS ID 83301 USA		DAVID WRIGHT 2862 ADDISON AVE EAST TWIN FALLS ID 83301			
			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	DAVID S WRIGHT	2862 ADDISON AVE E	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID C 60590		6. Annual Report must be signed.* Signature: David S Wright Name (type or print): David S Wright		Date: 01/09/2009 Title: President		
Processed 01/09/2009		* Electronically provided signatures are accepted as original signatures.				