No. W 20527	Due no later than Aug 31, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. GOOD SCENTS HERB NURSERY, LLC JONAS B DETHMAN 239 WINGED FOOT PL EAGLE ID 83616		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			JONAS B DETHMAN 239 WINGED FOOT PL EAGLE 83616-8361 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter N	ames and Addres	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER JONAS B DETHMAN 239 W		239 WINGED FOOT PLACE	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:	ganized Under the Laws of: 6. Annual Report must be signed.*						
ID ID	Signature: j	onas dethman	Date: 10/09/2014				
W 20527	Name (type	or print): jonas dethman		Title: manager			
Processed 10/09/2014	* Electronically provided signatures are accepted as original signatures.						