No. **W 110125**	**Due no later than Jan 31, 2016** **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.** TRI CITY NURSERY, LLC RODNEY JENTZSCH 20511 F ST. RUPERT ID 83350	RODNEY JENTZSCH 20511 F ST. RUPERT ID 83350 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	JEFF MOORE	PO BOX 30	KAYSVILLE	UT	USA	84037

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 110125**	Signature: Kelly D Bessire	Date: 11/13/2015
	Name (type or print): Kelly D Bessire	Title: CFO

Processed 11/13/2015

* Electronically provided signatures are accepted as original signatures.