

No. <b>W 31161</b>		<b>Due no later than Jun 30, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  SMITH CREEK NURSERY, LLC 3040 DISTRICT TWO RD BONNERS FERRY ID 83805-5191		GENE ANDREWS 3040 DISTRICT TWO RD BONNERS FERRY ID 83805-5191	
				3. <u>New</u> 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	GENE ANDREWS	3040 DISTRICT TWO RD	BONNERS FERRY	ID	83805-5191
5. Organized Under the Laws of:  <b>ID W 31161</b>		6. Annual Report must be signed.* Signature: Gene Andrews Name (type or print): Gene Andrews Date: 04/25/2016 Title: Manager			
Processed 04/25/2016		* Electronically provided signatures are accepted as original signatures.			