No. **W 87820**	**Due no later than Oct 31, 2010** **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.** FLORA BAILEY, LLC BEN E CUMMINGS 1821 CEDAR AVE LEWISTON ID 83501 USA	BEN CUMMINGS 1821 CEDAR AVE LEWISTON ID 83501 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
MEMBER	BEN E CUMMINGS	1821 CEDAR AVE.	LEWISTON	ID	USA	83501

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 87820**	Signature: Ben E. Cummings	Date: 09/08/2010
	Name (type or print): Ben E. Cummings	Title: Member

Processed 09/08/2010

* Electronically provided signatures are accepted as original signatures.