

No. C 60968		Due no later than Apr 30, 2018 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. HIGH MOUNTAIN NURSERYS, INC. KEVIN J GROVE P.O. BOX 983 MCCALL ID 83638		KEVIN J GROVE 203 SOUTH 3RD STREET MCCALL ID 83638			
						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	KEVIN J GROVE	203 SOUTH 3RD STREE	PO BOX 983	MCCALL	ID	USA	83638
5. Organized Under the Laws of: ID C 60968		6. Annual Report must be signed.* Signature: kevin grove Name (type or print): kevin grove Date: 02/27/2018 Title: pres					
Processed 02/27/2018 * Electronically provided signatures are accepted as original signatures.							