

No. C 95320		Due no later than May 31, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address - Correct in this box, if applicable MD NURSERY & LANDSCAPING INC. MIKE STEARS 243 S HWY 33		MIKE STEARS 243 S HWY 33 DRIGGS, ID 83422		
NO FILING FEE IF RECEIVED BY DUE DATE		DRIGGS, ID 83422		3. New Registered Agent Signature		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.						
Office held	Name	Street or P.O. Address	City	State	Zip	
President Mike Stears 243 S Hwy 33 Driggs ID 83422						
5. Organized Under the Laws of:		6. Signature		Date	2007 APR 5	
IDAHO C 95320		Mandi Wilkison		5/2/07	Title Controller	

Issued 03/07/2007 by SL1

Do Not Tape or Staple

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Fold, seal and mail this portion.

Detach at this perforation and discard this lower portion.

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**BLOCK 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

**BLOCK 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box

**BLOCK 3:** Only a new registered agent must sign in Block 2.

**BLOCK 4:** Enter names and business addresses of president, secretary, and directors (for corporations only) or managers/members (for LLC's only). Note: Putting "same as last year" or "same as above" or leaving the block blank will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.

**BLOCK 5:** May not be altered through the use of this form.

**BLOCK 6:** The annual report must be signed by a person authorized to represent the corporation/LLC. Print or type the name and title of the signer below the signature.

**\*\* The Image of this form will be available on the Internet once it is filed. DO NOT enter Social Security Numbers.**

If the (corporation/Limited Liability Company) is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on our website at [www.idsos.state.id.us](http://www.idsos.state.id.us). However, if no timely annual report is filed, administrative action will be taken, at no cost to the (corporation/Limited Liability Company), to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.