

No. W 58816		Due no later than Feb 28, 2011		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. RIVERSIDE NURSERY & GREENHOUSE, LLC KIM A WOLFLEY 205 ARAVE LN BLACKFOOT ID 83221		KIM WOLFLEY 205 ARAVE LN BLACKFOOT ID 83221	
				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
MEMBER	KIM WOLFELY	205 ARAVE LN	BLACKFOOT	ID	USA
Postal Code 83221					
5. Organized Under the Laws of: ID W 58816		6. Annual Report must be signed.* Signature: Kim A. Wolfley Name (type or print): Kim A. Wolfley			
		Date: 12/09/2010 Title: Member			
Processed 12/09/2010		* Electronically provided signatures are accepted as original signatures.			