

No. W 20527		Due no later than Aug 31, 2009 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. GOOD SCENTS HERB NURSERY, LLC JONAS B DETHMAN 239 WINGED FOOT PL EAGLE ID 83616		JONAS B DETHMAN 239 WINGED FOOT PL EAGLE ID 83616			
				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	JONAS B DETHMAN	239 WINGED FOOT PL	EAGLE	ID	USA	83616	
5. Organized Under the Laws of: ID W 20527		6. Annual Report must be signed.* Signature: Jonas Dethman Name (type or print): Jonas Dethman Date: 06/18/2009 Title: Manager					
Processed 06/18/2009		* Electronically provided signatures are accepted as original signatures.					