No. W 35805 Return to:		Due no later than Jan 31, 2011 Annual Report Form			2. Registered Agent and Address (NO PO BOX) CHRIS J MOORE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. FLORAL ARTISTRY, LLC MIKE J HOLLENBECK 1008 MAIN ST LEWISTON ID 83501		LEWISTO	1219 IDAHO ST LEWISTON ID 83501 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Nai	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	MIKE J. HOI	LLENBECK	1407 CEDAR DR CT	LEWISTO	N ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Mik		Date: 11/26/2010				
W 35805		Name (type or		Title: Owner				
Processed 11/26/2010	* Electronically provided signatures are accepted as original signatures.							