No. **C 107855**	**Due no later than Oct 31, 2014** **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.** SILVER SPRINGS NURSERY, INC. JAMES F KRAEMER 9609 STERLING CREEK RD JACKSONVILLE OR 97530	LEONARD SCHULTE 6913 MAIN ST BONNERS FERRY ID 83805 3. New 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
SECRETARY	JAMES F KRAEMER	9609 STERLING CREEK ROAD	JACKSONVILLE	OR	USA	97530
PRESIDENT	JAMES F KRAEMER	9609 STERLING CREEK ROAD	JACKSONVILLE	OR	USA	97530

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 107855**	Signature: James Kraemer	Date: 09/14/2014
	Name (type or print): James Kraemer	Title: President

Processed 09/14/2014

* Electronically provided signatures are accepted as original signatures.