

No. C 79939		Due no later than Nov 30, 2016		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. CLIFTY VIEW NURSERY, INC. LISA M MENDENHALL-PLUID 312 CLIFTY VIEW RD BONNERS FERRY ID 83805 USA		LON MERRIFIELD 312 CLIFTY VIEW RD BONNERS FERRY ID 83805		
				3. <u>New</u> 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
DIRECTOR	RYAN L MERRIFIELD	312 CLIFTY VIEW ROAD	BONNERS FERRY	ID	USA	83805
DIRECTOR	BONNIE GROVE	PO BOX 672	SANDPOINT	ID	USA	83864
DIRECTOR	STEVE M KOPPANG	6048 KOOTENAI TRAIL ROAD	BONNERS FERRY	ID	USA	83805
SECRETARY	DONNA M MERRIFIELD	312 CLIFTY VIEW ROAD	BONNERS FERRY	ID	USA	83805
PRESIDENT	LON E MERRIFIELD	312 CLIFTY VIEW ROAD	BONNERS FERRY	ID	USA	83805
VICE PRESIDENT	KEVIN E MERRIFIELD	347 CLIFTY VIEW ROAD	BONNERS FERRY	ID	USA	83805
5. Organized Under the Laws of: ID C 79939		6. Annual Report must be signed.* Signature: Lisa Mendenhall-Pluid Name (type or print): Lisa Mendenhall-Pluid Date: 09/27/2016 Title: Office Manager				
Processed 09/27/2016		* Electronically provided signatures are accepted as original signatures.				