

No. W 2690

Annual Report Form

1999

2. Registered Agent and Office NOT A P.O. BOX

Due No Later Than November 30,

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1 Mailing Address - Please Correct, If Not Correct

FRUITLAND NURSERY, LLC
F WARREN CARNEFIX
P O BOX 332

F WARREN CARNEFIX
301 HWY 95

FRUITLAND ID 83619

NO FEE REQUIRED

3. Organized Under the Laws of:

* FIRST NOTICE *

FRUITLAND ID 83619

ID W 2690

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of **Managers** or **Members** (check one)

Office held Name Street or P.O. Address City State Zip

MEMBER/MANAGER F. WARREN CARNEFIX P.O. BOX 332 FRUITLAND ID 83619

5. Signature of New Registered Agent

6.

Signature F. Warren Carnefix Date 7-12-99

Name (Typed or Printed) F. WARREN CARNEFIX Title MEMBER MANAGER

ISSUED: 07-03-1999

3319