

No. W 2690	Annual Report Form 1999 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1 Mailing Address - Please Correct, If Not Correct		F WARREN CARNEFIX 301 HWY 95 FRUITLAND ID 83619													
	FRUITLAND NURSERY, LLC F WARREN CARNEFIX P O BOX 332 FRUITLAND ID 83619		3. Organized Under the Laws of: ID W 2690													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MEMBER/MANAGER</td> <td>F. WARREN CARNEFIX</td> <td>P.O. BOX 332</td> <td>FRUITLAND</td> <td>ID</td> <td>83619</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MEMBER/MANAGER	F. WARREN CARNEFIX	P.O. BOX 332	FRUITLAND	ID	83619
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
MEMBER/MANAGER	F. WARREN CARNEFIX	P.O. BOX 332	FRUITLAND	ID	83619											
5. Signature of New Registered Agent		6. Signature <u><i>F. Warren Carnefix</i></u> Date <u>7-12-99</u> Name (Typed or Printed) <u>F. WARREN CARNEFIX</u> Title <u>MEMBER MANAGER</u>														

ISSUED: 07-03-1999
3319