

No. <u>W 2690</u>	Due no later than July 31, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX		
Return to: <b>SECRETARY OF STATE</b> 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable  <b>FRUITLAND NURSERY, LLC</b> <b>F WARREN CARNEFIX</b> <b>P O BOX 332</b> <b>FRUITLAND, ID 83619</b>		<b>F WARREN CARNEFIX</b> <b>KATHRYN</b> <b>301 HWY 95</b> <b>FRUITLAND, ID 83619</b> <b>CARNEFIX</b>		
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	3. New Registered Agent Signature <i>Kathryn Carnefix</i>				
4. Limited Liability Companies: Enter Names and Addresses of Members.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MEMBER	<b>MARGARET CARNEFIX</b>	<b>P.O. Box 332</b>	<b>FRUITLAND, ID</b>	<b>83619</b>	
5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 2690</b>	6. Signature <i>Kathryn Carnefix</i> Date <u>7-31-2007</u> Name <small>(Typed or Printed)</small> <b>KATHRYN CARNEFIX</b> Title <b>MANAGER</b> <small>P.O.A.</small>				

Issued 05/01/2007

**Do Not Tape or Staple**

200707004826