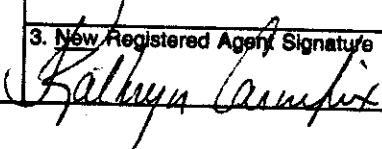
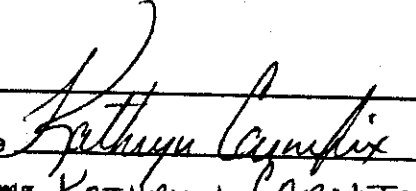


No. W 2690 Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than July 31, 2007 Annual Report Form 1. Mailing Address - Correct in this box, if applicable FRUITLAND NURSERY, LLC F WARREN CARNEFIX P O BOX 332 FRUITLAND, ID 83619	2. Registered Agent and Office NO PO BOX F WARREN CARNEFIX KATHRYN 301 HWY 95 FRUITLAND, ID 83619 CARNEFIX 3. New Registered Agent Signature 												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 10%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 5%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>MARGARET CARNEFIX</td> <td>P.O. Box 332</td> <td>FRUITLAND, ID</td> <td></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	MARGARET 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	MARGARET CARNEFIX	P.O. Box 332	FRUITLAND, ID		83619									
5. Organized Under the Laws of: IDAHO W 2690	6.  Signature _____ Date <u>7-31-2007</u> Name (Typed or Printed) <u>KATHRYN CARNEFIX</u> Title <u>MANAGER</u> <div style="text-align: right;"><u>P.O.A.</u></div>													

Issued 05/01/2007

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