

No. W 125911		Due no later than May 31, 2015 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. NEALY'S NURSERY LLC CHANEALE FELTMANN 3437 LOTZE LOOP COEUR D ALENE ID 83815		CHANEALE FELTMANN 3437 LOTZE LOOP COEUR D ALENE ID 83815			
						3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name LOUIS FELTMANN	Street or PO Address 3437 LOTZE LOOP		City COEUR D ALENE	State ID	Country USA	Postal Code 83815
5. Organized Under the Laws of: ID W 125911		6. Annual Report must be signed.* Signature: Chaneale Feltmann Name (type or print): Chaneale Feltmann Date: 06/20/2015 Title: Owner/Operator					
Processed 06/20/2015 * Electronically provided signatures are accepted as original signatures.							