

No. W 84040	Due no later than May 31, 2014 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.		KATHY BROOM 29 COOK GULCH RD HORSESHOE BEND ID 83629			
	HORSESHOE NURSERY LLC KATHY BROOM 29 COOK GULCH RD HORSESHOE BEND ID 83629 USA		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	KATHY BROOM	29 COOK GULCH ROAD	HORSESHOE BEND	ID	USA	83629
5. Organized Under the Laws of: ID W 84040		6. Annual Report must be signed.* Signature: Kathy Broom Name (type or print): Kathy Broom Date: 03/21/2014 Title: Member				
Processed 03/21/2014		* Electronically provided signatures are accepted as original signatures.				