

No. W 84040		Due no later than May 31, 2012 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		1. Mailing Address: Correct in this box if needed. HORSESHOE NURSERY LLC KATHY BROOM 29 COOK GULCH RD HORSESHOE BEND ID 83629 USA		KATHY BROOM 29 COOK GULCH RD HORSESHOE BEND ID 83629			
NO FILING FEE IF RECEIVED BY DUE DATE				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: 04/20/2012 Title: Member					
Processed 04/20/2012		* Electronically provided signatures are accepted as original signatures.					