

|  |                |   |       |   |         |             |
|--|----------------|---|-------|---|---------|-------------|
| No. <b>C 167182</b>  |                | <b>Due no later than Jun 30, 2015</b>   |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>    |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>Annual Report Form</b>   |       | GAIL L GRAVES<br>12255 W GREGORY DR<br>BOISE ID 83709 |         |             |
|  |                | <b>1. Mailing Address: Correct in this box if needed.</b><br>GARDEN MINISTRIES, INC.<br>GAIL L GRAVES<br>12255 W GREGORY DR<br>BOISE ID 83709 |       | 3. <u>New</u> Registered Agent Signature:*            |         |             |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                |   |       |   |         |             |
| Office Held  | Name           | Street or PO Address  | City  | State   | Country | Postal Code |
| DIRECTOR   | GAIL L GRAVES  | 12255 W GREGORY DR  | BOISE | ID  | USA     | 83709       |
| DIRECTOR   | JOYCE A GRAVES | 12255 W GREGORY DR  | BOISE | ID  | USA     | 83709       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 167182</b>  |                | 6. Annual Report must be signed.*<br>Signature: Gail L Graves<br>Name (type or print): Gail L Graves<br>Date: 05/26/2015<br>Title: Director   |       |   |         |             |
| Processed 05/26/2015   |                | * Electronically provided signatures are accepted as original signatures.   |       |   |         |             |