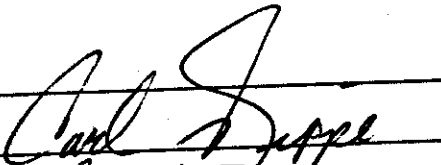
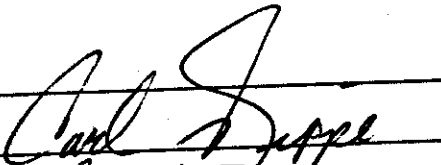
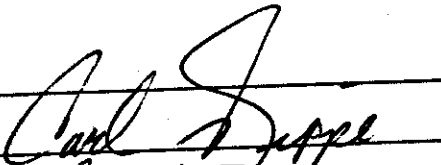


No. W 8047	Due no later than February 28, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX						
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		CARL RIPPE PO BOX 1 HAMMETT, ID						
	NORTHWEST TREE SUPPLIERS LLC PO BOX 1 HAMMETT, ID		3. New Registered Agent Signature N/A						
4. Limited Liability Companies: Enter Names and Addresses of Managers.									
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>						
			<u>State</u>						
			<u>Zip</u>						
MANAGER CARL RIPPE P.O. Box 1 HAMMETT, IDAHO 83627									
5. Organized Under the Laws of: IDAHO W 8047		<table border="0"> <tr> <td data-bbox="576 833 706 901">6. Signature</td> <td data-bbox="714 714 1209 901"></td> <td data-bbox="1218 833 1502 880">Date 12-30-06</td> </tr> <tr> <td data-bbox="576 906 738 968">Name (Typed or Printed)</td> <td data-bbox="747 890 1209 968">CARL RIPPE</td> <td data-bbox="1218 885 1526 947">Title MANAGER</td> </tr> </table>		6. Signature		Date 12-30-06	Name (Typed or Printed)	CARL RIPPE	Title MANAGER
6. Signature		Date 12-30-06							
Name (Typed or Printed)	CARL RIPPE	Title MANAGER							

Issued 12/01/2006

Do Not Tape or Staple

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