

No. W 31161		Due no later than Jun 30, 2011 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. SMITH CREEK NURSERY, LLC 3040 DISTRICT TWO RD BONNERS FERRY ID 83805-5191		GENE ANDREWS 3040 DISTRICT TWO RD BONNERS FERRY ID 83805-5191			
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 MANAGER	Name GENE ANDREWS	Street or PO Address 3040 DISTRICT TWO RD		City BONNERS FERRY	State ID	Country USA	Postal Code 83805-5191
5. Organized Under the Laws of: ID W 31161		6. Annual Report must be signed.* Signature: Gene Andrews Name (type or print): Gene Andrews Date: 04/22/2011 Title: Manager					
Processed 04/22/2011 * Electronically provided signatures are accepted as original signatures.							