

ISSUED: 07-01-1982

No. 92730	<b>Idaho Corporation Annual Report Form</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>																									
Return To  <b>Secretary of State Room 203, Statehouse Boise, ID 83720</b>  * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1993		RANDALL W. DAY 225 MAIN STREET  BONNERS FERRY ID 83805																									
	1. Mailing Address  <b>COLSON'S NURSERY, INC. WILLIAM D. COLSON RT. 4 BOX 605 AB  BONNERS FERRY ID 83805</b>		3. Incorporated Under The Laws of ID NO: 92730																									
4. Names and Addresses of Officers and Directors <b>MUST BE PRINTED OR TYPED</b>																												
<table border="0"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>William D Colson</td> <td>RT 4 Box 605 AB</td> <td>Bonnors Ferry</td> <td>ID</td> <td>83805</td> </tr> <tr> <td>Secretary:</td> <td>Sue E Colson</td> <td>Same</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	William D Colson	RT 4 Box 605 AB	Bonnors Ferry	ID	83805	Secretary:	Sue E Colson	Same				Directors:					
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Secretary:	Sue E Colson	Same																										
Directors:																												
5. Nature of Business  NURSERY	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																											
	<table border="0"> <tr> <td>Signature</td> <td><i>Sue Colson</i></td> <td>Date</td> <td>7-12-93</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>SUE COLSON</td> <td>Title</td> <td>SECRETARY</td> </tr> </table>				Signature	<i>Sue Colson</i>	Date	7-12-93	Name (Typed or Printed)	SUE COLSON	Title	SECRETARY																
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