| No. C 79939 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Due | Registered Ager | Registered Agent and Address (NO PO BOX) LON MERRIFIELD 312 CLIFTY VIEW RD BONNERS FERRY ID 83805 3. New Registered Agent Signature:* | | | |
|---|---|---|--|---|-------|---------|-------------|
| | | Annual Report Form 1. Mailing Address: Correct in this box if needed. CLIFTY VIEW NURSERY, INC. LISA M MENDENHALL-PLUID 312 CLIFTY VIEW RD BONNERS FERRY ID 83805 USA | | | | | |
| 4. Corporations: Enter Name | s and Busin | ess Addresses of F | President, Secretary, and Directors. Treasur | er (optional). | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code |
| DIRECTOR BONNIE GROVE | | VE | PO BOX 672 | SANDPOINT | ID | USA | 83864 |
| DIRECTOR STEVE M KC | | oppang | 6048 KOOTENAI TRAIL ROAD | BONNERS FERRY | ID | USA | 83805 |
| SECRETARY DONNA M M | | 1ERRIFIELD | 312 CLIFTY VIEW ROAD | BONNERS FERRY | ID | USA | 83805 |
| PRESIDENT L | .ON E MERI | RIFIELD | 312 CLIFTY VIEW ROAD | BONNERS FERRY | ID | USA | 83805 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 79939 | | Signature: Lisa | D | Date: 09/18/2012 | | | |
| | | Name (type or print): Lisa Mendenhall-Pluid | | Title: Office Manager | | | |
| Processed 09/18/2012 | * Electronically provided signatures are accepted as original signatures. | | | | | | |