

No. <b>C 79939</b>		<b>Due no later than Nov 30, 2013</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  CLIFTY VIEW NURSERY, INC. LISA M MENDENHALL-PLUID 312 CLIFTY VIEW RD BONNERS FERRY ID 83805 USA		LON MERRIFIELD 312 CLIFTY VIEW RD BONNERS FERRY ID 83805			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	
VICE PRESIDENT	KEVIN E MERRIFIELD	347 CLIFTY VIEW ROAD	BONNERS FERRY	ID	USA	83805	
DIRECTOR	BONNIE GROVE	PO BOX 672	SANDPOINT	ID	USA	83864	
DIRECTOR	STEVE M KOPPANG	6048 KOOTENAI TRAIL ROAD	BONNERS FERRY	ID	USA	83805	
SECRETARY	DONNA M MERRIFIELD	312 CLIFTY VIEW ROAD	BONNERS FERRY	ID	USA	83805	
PRESIDENT	LON E MERRIFIELD	312 CLIFTY VIEW ROAD	BONNERS FERRY	ID	USA	83805	
5. Organized Under the Laws of:  <b>ID</b> <b>C 79939</b>		6. Annual Report must be signed.*  Signature: Lisa Mendenhall-Pluid Name (type or print): Lisa Mendenhall-Pluid					
		Date: 09/23/2013 Title: Office Manager					
Processed 09/23/2013		* Electronically provided signatures are accepted as original signatures.					