No. <b>W 95401</b>		Due no later than Aug 31, 2015		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		TAMI ANN	TAMI ANN PARRIS 7052 RUNNING IRON LN POCATELLO ID 83204  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  PHIL'S FLOWERS OF GOODING, LLC  KATHLEEN GOICOECHEA  1885 E 1300 S  GOODING ID 83330		POCATELLO				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Nai	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER KATHLEEN G		GOICOECHEA	1885 E 1300 S	GOODING	ID	USA	83330	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: kath		Date: 06/21/2015				
W 95401		Name (type or p		Title: manager				
Processed 06/21/2015 * Electronically provided signatures are accepted as original signatures.								