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| No. W 125911 | | Due no later than May 31, 2014 | | 2. Registered Agent and Address (NO PO BOX) | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. NEALY'S NURSERY LLC CHANEALE FELTMANN 3437 LOTZE LOOP COEUR D ALENE ID 83815 | | CHANEALE FELTMANN 3437 LOTZE LOOP COEUR D ALENE ID 83815 | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country Postal Code |
| MEMBER | LOUIS FELTMANN | 3437 LOTZE LOOP | COEUR D ALENE | ID | USA 83815 |
| 5. Organized Under the Laws of: ID W 125911 | | 6. Annual Report must be signed.* Signature: Chaneale Feltmann Name (type or print): Chaneale Feltmann Date: 03/26/2014 Title: Owner | | | |
| Processed 03/26/2014 | | * Electronically provided signatures are accepted as original signatures. | | | |