No. <b>W 88373</b>		Di	Due no later than Nov 30, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			Annual Report Form		LINDSAY SCHRAMM 3777 W CHINDEN BLVD GARDEN CITY ID 83714-6453  3. New Registered Agent Signature:*			
		1. Mailing Address: Correct in this box if needed.  NORTH END ORGANIC NURSERY, LLC LINDSAY SCHRAMM  3777 W CHINDEN BLVD GARDEN CITY ID 83714-6453		GARDEN CITY				
NO FILING FEE IF RECEIVED BY DUE DATE		GARDEN CITY	ID 63714-0453	J. <u>New</u> Registere	3. New Registered Agent Signature.			
4. Limited Liability Compa	nies: Enter I	Names and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	LINDSAY SCHRAMM		3777 W CHINDEN BLVD	GARDEN CITY	ID	USA	83714	
5. Organized Under the Laws of:		6. Annual Repor	6. Annual Report must be signed.*					
ID W 88373		Signature: Li	Signature: Lindsay Schramm		Date: 10/02/2016			
		Name (type o	Name (type or print): Lindsay Schramm		Title: Member/Owner			
Processed 10/02/2016 * Electronically provided signatures are accepted as original signatures.								