

No. W 2690		Due no later than Jul 31, 2010		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		KATHRYN CARNEFIY 301 HWY 95 FRUITLAND ID 83619			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		FRUITLAND NURSERY, LLC KATHRYN CARNEFIX P O BOX 332 FRUITLAND ID 83619 USA					
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	KATHRYN CARNEFIX	P O BOX 332	FRUITLAND	ID	USA	83619	
MEMBER	LARRY PARKES	P O BOX 332	FRUITLAND	ID	USA	83619	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 2690		Signature: Kathryn Carnefix				Date: 05/22/2010	
		Name (type or print): Kathryn Carnefix				Title: Manager	
Processed 05/22/2010		* Electronically provided signatures are accepted as original signatures.					