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No. C 36401	Annual Report Form  CRETARY OF STATE ON 4th STREET BOX 83720 ISE, ID 83720-0080  OFILING FEE IF CEIVED BY DUE  Annual Report Form  1. Mailing Address: Correct in this box if needed. NAMPA FLORAL, INC. CHERYL L BAKER 360 HOLLAND DR. NAMPA ID 83651	2. Registered Agent and Office (NOT A P.O. BOX) CHERYL L. BAKER 360 HOLLAND DRIVE NAMPA ID 83651
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		
NO FILING FEE IF RECEIVED BY DUE DATE		3. <u>New</u> Registered Agent Signature.
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.		
Office Held Nam	ne Street or PO Address	City State Country Postal Code
Vice President ? Director ?	10000000	Nongo Id Boning 83651 Nongo Id. 04 83651 Nongo Id. 04 83651 Nongo Id. 054 83651
5. Organized Under the Lav	vs of: 6. Signature:	Date 3 15 16
IDAHO C 36401	Name (type or print): Richard B Bay	kee Title: Ples
Issued 03/12/2010 by LJM 100203		
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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.** 

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of president, secretary, and directors. Note: <u>Do not put</u> "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.

Block 5: May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.

\*\* The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.

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If the Corporation is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the Corporation to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED