

No. <b>W 58816</b>	<b>Due no later than Feb 28, 2014</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> RIVERSIDE NURSERY & GREENHOUSE, LLC KIM A WOLFLEY 205 ARAVE LN BLACKFOOT ID 83221	KIM WOLFLEY 205 ARAVE LN BLACKFOOT ID 83221				
		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	KIM WOLFELY	205 ARAVE LN	BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of:  <b>ID</b> <b>W 58816</b>	6. Annual Report must be signed.* Signature: Kim A. Wolfley Name (type or print): Kim A. Wolfley Date: 12/17/2013 Title: Manager					
Processed 12/17/2013		* Electronically provided signatures are accepted as original signatures.				