

No. C 163819		Due no later than Dec 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. BUTTE SHADOWS NURSERY, INC. KEVIN J. BARKER 5295 SANDHOLLOW RD NEW PLYMOUTH ID 83655		KEVIN J BARKER 5295 SANDHOLLOW RD NEW PLYMOUTH 83655	
				3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
PRESIDENT	KEVIN J. BARKER	5295 SAND HOLLOW ROAD	NEW PLYMOUTH	ID	USA 83655
5. Organized Under the Laws of: ID C 163819		6. Annual Report must be signed.* Signature: Kevin Barker Name (type or print): Kevin Barker Date: 01/23/2015 Title: President			
Processed 01/23/2015		* Electronically provided signatures are accepted as original signatures.			