

|                                                                                                                                                        |            |                                                                                                                                                                    |        |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 42161</b>                                                                                                                                     |            | <b>Due no later than Aug 31, 2013</b>                                                                                                                              |        | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |            | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>FLOWER CART FLORAL & GREENHOUSE, LLC<br>LEROY FUNK<br>1550 ORIENTAL AVE<br>BURLEY ID 83318<br>USA |        | LEROY FUNK<br>185 E 100 S<br>BURLEY ID 83318       |         |             |  |
|                                                                                                                                                        |            |                                                                                                                                                                    |        | 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                                                                                                                                                 | LEROY FUNK | 185 E 100 S                                                                                                                                                        | BURLEY | ID                                                 | USA     | 83318       |  |
| MEMBER                                                                                                                                                 | RONDA FUNK | 185 E 100 S                                                                                                                                                        | BURLEY | ID                                                 | USA     | 83318       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 42161</b>                                                                                           |            | 6. Annual Report must be signed.*<br>Signature: Jonni Whitaker<br>Name (type or print): Jonni Whitaker                                                             |        |                                                    |         |             |  |
|                                                                                                                                                        |            | Date: 06/12/2013<br>Title: Manager                                                                                                                                 |        |                                                    |         |             |  |
| Processed 06/12/2013                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                                          |        |                                                    |         |             |  |