No. C 51614		Due no later than Jul 31, 2018		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			W R BAXTER			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. W. R. BAXTER WHOLESALE NURSERY, INC. MATTHEW G WOLFF BOX 789 EMMETT ID 83617		EMMETT ID	3100 W. CENTRAL AVE. EMMETT ID 83617 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Name	es and Busin	ess Addresses of Pre	sident, Secretary, and Directors. Treasu	ırer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR S DIRECTOR	DIRECTOR SUE ANN BAXTER DIRECTOR JIM E DALOS		PO BOX 789 PO BOX 789 1603 S RIVER GROVE WAY PO BOX 789	EMMETT EMMETT EAGLE EMMETT	ID ID ID	USA USA USA USA	83617 83617 83616 83617	
	MATTHEW (PO BOX 789	EMMETT	ĪD	USA	83617	
5. Organized Under the Laws of:		6. Annual Report m						
ID		Signature: matthew wolff			Date: 05/22/2018			
C 51614		Name (type or pr		Title: president				
Processed 05/22/2018	* Electronically provided signatures are accepted as original signatures.							