


No. <b>C 163819</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 03/12/2012</b>  <b>1. Mailing Address: Correct in this box if needed.</b> BUTTE SHADOWS NURSERY, INC. KEVIN J. BARKER 5295 SANDHOLLOW RD NEW PLYMOUTH ID 83655	<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> KEVIN J BARKER 5295 SANDHOLLOW RD NEW PLYMOUTH ID 83655  <b>3. New Registered Agent Signature.</b>														
<b>4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.</b> <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Kevin J. Barker</td> <td>5295 Sand Hollow Rd</td> <td>New Plymouth</td> <td>Idaho</td> <td></td> <td>Payette 83655</td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Kevin J. Barker	5295 Sand Hollow Rd	New Plymouth	Idaho		Payette 83655
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President	Kevin J. Barker	5295 Sand Hollow Rd	New Plymouth	Idaho		Payette 83655										
<b>5. Organized Under the Laws of:</b>  IDAHO C 163819	<b>6.</b> Signature:  Name (type or print): <u>Kevin J. Barker</u> Date: <u>6-27-12</u> Title: <u>President</u>															

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM