No. **W 66313**	**Due no later than Sep 30, 2012** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** NURSERYMAN LLC KEVIN GALLIVAN 673 W WILLOWBROOK DR MERIDIAN ID 83646-1695 USA	KEVIN GALLIVAN 673 W WILLOWBROOK DR MERIDIAN ID 83646-1695 3. New 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
MANAGER	KEVIN GALLIVAN	673 W WILLOWBROOK DR	MERIDIAN	ID	USA	83646-1695

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 66313**	Signature: Kevin Gallivan	Date: 10/25/2012
	Name (type or print): Kevin Gallivan	Title: Owner/Operator

Processed 10/25/2012

* Electronically provided signatures are accepted as original signatures.