No. W 66313	Due no later than Sep 30, 2014	2. Registered Agent and Address (NO PO BOX) KEVIN GALLIVAN			
Return to:	Annual Report Form				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. NURSERYMAN LLC KEVIN GALLIVAN 673 W WILLOWBROOK DR MERIDIAN ID 83646-1695	673 W WILLOWBROOK DR MERIDIAN 83646-1695 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA		•		
4. Limited Liability Companies: Enter N	ames and Addresses of at least one Member or Manager.				
Office Held Name	Street or PO Address	City	State	Country	Postal Code
MANAGER KEVIN GAL	LIVAN 673 W WILLOWBROOK DR	MERIDIAN	ID	USA	83646
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Kevin Gallivan	Date: 11/29/2014			
W 66313	Name (type or print): Kevin Gallivan	Title: Owner/Operator			
Processed 11/29/2014	* Electronically provided signatures are accepted as original signatures.				