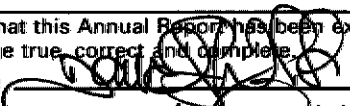


No. C 60590	Annual Report Form Due No Later Than November 30, 1996	2. Registered Agent and Office NOT A P.O. BOX JOHN R. WRIGHT David Wright 2552 ADDISON AVE EAST TWIN FALLS ID 83301
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct KIMBERLY NURSERIES, INC. JOHN R. WRIGHT 2552 ADDISON AVE EAST TWIN FALLS ID 83301	3. Organized Under the Laws of: ID C 60590
* FIRST NOTICE *		
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
President	David S. Wright	P.O. Box 441
Vice Pres.	Doug Wright	319 Wiseman
Sec/Tres.	Teresa Robinson	680 Barah
<u>City</u>	<u>State</u>	<u>Zip</u>
Kimberly	Idaho	83341
Twin Falls	Idaho	83301
Twin Falls	Idaho	83301
5. NATURE OF BUSINESS NURSERY AND GIFT STORE		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature  Date <u>7/13/96</u> Name (Typed or Printed) <u>David S. Wright</u> Title <u>Pres.</u>

ISSUED: 07-06-1996

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