| No. <b>C 95459</b>  |   | Due no later than Jun 30, 2018 Annual Report Form  1. Mailing Address: Correct in this box if needed.  NORTH WOODS NURSERY, INC. JAMES D. SCHWARTZ BOX 149 ELK RIVER ID 83827-0149 |            | 2. Registered Agent and Address (NO PO BOX)  |          |            |                          |
|---|---|--|------------|--|----------|------------|--------------------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080                          | 1. Mailing Address  NORTH WOODS NURS  JAMES D. SCHWART  BOX 149           |  |            | JAMES D. SCHWARTZ 52106 HIGHWAY 8 ELK RIVER ID 83827-0149  3. New Registered Agent Signature:* |          |            |                          |
| NO FILING FEE IF RECEIVED BY DUE DATE   | ess Addresses of President, Secretary, and Directors. Treasurer           |  | (ortions)) |  |          |            |                          |
| Office Held Name  | iness Addresses of Presider   | Street or PO Address   | easurer (  | City   | State    | Country    | Postal Code              |
| SECRETARY MARLA (T  | ) SCHWARTZ<br>SCHWARTZ  | PO BOX 149<br>PO BOX 149   |            | ELK RIVER<br>ELK RIVER   | ID<br>ID | USA<br>USA | 83827-0149<br>83827-0149 |
| 5. Organized Under the Laws of:  1D  C 95459  6. Annual Report mus  Signature: marla so  Name (type or prin |   | wartz  |            | Date: 04/25/2018<br>Title: secretary   |          |            |                          |
| Processed 04/25/2018  | * Electronically provided signatures are accepted as original signatures. |  |            |  |          |            |                          |