No. W 2690	Due no later than Jul 31, 2000			2. Registered Agent and Office NO PO BOX			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	Annual Report Form 1. Mailing Address - Correct in this box, if applicable FRUITLAND NURSERY, LLC			F WARREN CARNEFIX 301 HWY 95			
BOISE, ID 83720-0080	P O BOX 332				FRUITLAND, ID 83619 3. New Registered Agent Signature		
NO FILING FEE IF RECEIVED BY DUE DATE	FRUITLAND, ID 83619			- Togiotorou rigi			
4. Limited Liability Compan	ies: Enter Names and Add	dresses of Member	S.				
Office held Name	Street or P.O. Addres		City	<u>State</u>	Zip		
MEMBER/MANAGER F. WI	ARREN CARNEFIX	ARNEFIX P.O. BOX 332 FA		Th	83619		
MEMBER MARGI	ARET CARNEFIX	P.O. Box 332	FRUITEMED	ID	83419		
Organized Under the Laws of:	6.						
J	Signature ナ	Warren Co	arnefine	Date 7-2	28 - 00		
IDAHO W 2690	Name Printed or	Signature F. Warrey Carnefix Date 7-28-00 Name Printed or F. WARKEN CARNEFIX Time					
Issued 05/10/2000	Do Not	Tape or Staple			1992		