

No. C100143

Annual Report Form

Due No Later Than November 30, 1996

2. Registered Agent and Office NOT A P.O. BOX

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

LEVIG NURSERY, INC.
LESLIE H. LEVIG
HCR 50 BOX 31LESLIE H. LEVIG
HCR 50 BOX 31
KINGS ROW
BONNERS FERR ID 83805

3. Organized Under the Laws of:

* FIRST NOTICE *

BONNERS FERRY ID 83805

ID C100143

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT	DON LINCKS	HCR 60 BOX 31	BONNERS FERRY	ID	83805
SECRETARY	LESLIE H. LEVIG	HCR 60 BOX 31	BONNERS FERRY	ID	83805

5. NATURE OF BUSINESS

TREE NURSERY

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

Don Lincks

Date

7-17-96

Name (Typed or Printed)

Don Lincks

Title

Pres.

ISSUED: 07-06-1996

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