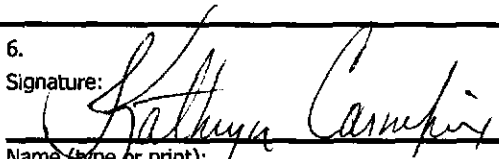


<b>No. W 2690</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2012</b>  <b>1. Mailing Address: Correct in this box if needed.</b> FRUITLAND NURSERY, LLC KATHRYN CARNEFIX P O BOX 332 FRUITLAND ID 83619 USA	<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> KATHRYN CARNEFIX 301 HWY 95 FRUITLAND ID 83619  <b>3. <u>New</u> Registered Agent Signature.</b>				
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>						
Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code						
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	KATHRYN CARNEFIX P.O. BOX 332 FRUITLAND, ID PAYETTE					
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	LARRY PARKES " " " 83619					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-weight: bold; font-size: large;">IDAHO W 2690</div>	<b>6.</b> Signature: <u></u> Date: <u>10/15/2012</u> Name (type or print): <u>KATHRYN CARNEFIX</u> Title: <u>MEMBER</u>					
Issued 10/15/2012 by DK1						