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|--|--------------------|--|---------------|--|---------|-------------|--|
| No. C 79939 | | Due no later than Nov 30, 2011 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. CLIFTY VIEW NURSERY, INC. LISA M MENDENHALL-PLUID 312 CLIFTY VIEW RD BONNERS FERRY ID 83805 USA | | LON MERRIFIELD 312 CLIFTY VIEW RD BONNERS FERRY ID 83805 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| DIRECTOR | BONNIE GROVE | PO BOX 672 | SANDPOINT | ID | USA | 83864 | |
| DIRECTOR | STEVE M KOPPANG | 6048 KOOTENAI TRAIL ROAD | BONNERS FERRY | ID | USA | 83805 | |
| SECRETARY | DONNA M MERRIFIELD | 312 CLIFTY VIEW ROAD | BONNERS FERRY | ID | USA | 83805 | |
| PRESIDENT | LON E MERRIFIELD | 312 CLIFTY VIEW ROAD | BONNERS FERRY | ID | USA | 83805 | |
| 5. Organized Under the Laws of: ID C 79939 | | 6. Annual Report must be signed.* Signature: Lisa Mendenhall-Pluid Name (type or print): Lisa Mendenhall-Pluid Date: 09/14/2011 Title: Office Manager | | | | | |
| Processed 09/14/2011 | | * Electronically provided signatures are accepted as original signatures. | | | | | |