

No. W 743	Annual Report Form 1995 <i>Due No Later Than November 30,</i>		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 * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct GRANNY'S WILD GERANIUM, L.L.C. ANN MOTE W 501 APPLEWAY COEUR D'ALENE ID 83814		ANN MOTE W 501 APPLEWAY COEUR D'ALENE ID 83814 3. Organized Under the Laws of: ID W 740													
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>manager</td> <td>Ann Mote</td> <td>600 W. Hubbard #10</td> <td>Coeur d'Alene Id.</td> <td></td> <td>83814</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	manager	Ann Mote	600 W. Hubbard #10	Coeur d'Alene Id.		83814
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
manager	Ann Mote	600 W. Hubbard #10	Coeur d'Alene Id.		83814											
5. SIGNATURE OF CURRENT RA		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 <u>Ann Mote</u> Date <u>7/31/96</u> Name (Typed or Printed) <u>ANN MOTE</u> Title <u>managing member</u>														

ISSUED: 37-08-1996

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