

No. W 100357	Due no later than Feb 28, 2015 Annual Report Form	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. SPRINGTIME NURSERY LLC SOMERLI PINNOCK 849 SAND CREEK RD ST ANTHONY ID 83445	SOMERLI PINNOK 849 SAND CREEK RD ST ANTHONY 83445			
		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	SOMERLI PINNOCK	849 SAND CREEK RD.	ST. ANTHONY	ID	USA 83445
5. Organized Under the Laws of: ID W 100357	6. Annual Report must be signed.* Signature: Somerli Pinnock Name (type or print): Somerli Pinnock Date: 12/16/2014 Title: manager				
Processed 12/16/2014		* Electronically provided signatures are accepted as original signatures.			