

No. W 58816		Due no later than Feb 28, 2017 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		1. Mailing Address: Correct in this box if needed. RIVERSIDE NURSERY & GREENHOUSE, LLC KIM A WOLFLEY 205 ARAVE LN BLACKFOOT ID 83221		KIM WOLFLEY 205 ARAVE LN BLACKFOOT ID 83221			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name WILL AULLMAN	Street or PO Address 202 WEST 225 NORTH		City BLACKFOOT	State ID	Country	Postal Code 83221
5. Organized Under the Laws of: ID W 58816		6. Annual Report must be signed.* Signature: Kim A. Wolfley Name (type or print): Kim A. Wolfley Date: 12/28/2016 Title: Manager					
Processed 12/28/2016 * Electronically provided signatures are accepted as original signatures.							