

No. W 84040		Due no later than May 31, 2017		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. HORSESHOE NURSERY LLC KATHY BROOM 29 COOK GULCH RD HORSESHOE BEND ID 83629		KATHY BROOM 29 COOK GULCH RD HORSESHOE BEND ID 83629	
				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
MEMBER	KATHY BROOM	29 COOK GULCH ROAD	HORSESHOE BEND	ID	USA 83629
5. Organized Under the Laws of: ID W 84040		6. Annual Report must be signed.* Signature: Kathy Broom Name (type or print): Kathy Broom Date: 04/05/2017 Title: Member			
Processed 04/05/2017		* Electronically provided signatures are accepted as original signatures.			