

No. 060590 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 RECEIVED SEC. OF STATE 87 JUL 16 AM 10:07	Idaho Corporation Annual Report Form Due No Later Than November 1, 1987 1. Mailing Address — Please Correct 060590 KIMBERLY NURSERIES, INC. JOHN R. WRIGHT ROUTE 3, ADDISON AVE. EAST TWIN FALLS, IDAHO	2. Registered Agent and Office JOHN R WRIGHT ROUTE 3 ADDISON AVE EAST TWIN FALLS, IDAHO 83301 3. Incorporated Under The Laws of ENTERED STATE OF IDAHO JUL 24 1987																														
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: John R. (Jack) Wright</td> <td>P.O. Box DD</td> <td>Kimberly</td> <td>Id.</td> <td>83341</td> </tr> <tr> <td>Secretary: F. Elaine Wright</td> <td>" " "</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors: Douglas W. Wright</td> <td>357 N. Blue Lakes Apt. #13</td> <td>Twin Falls</td> <td>"</td> <td>83301</td> </tr> <tr> <td>David S. Wright</td> <td>642 Monroe St.</td> <td>Twin Falls</td> <td>"</td> <td>83301</td> </tr> <tr> <td>Bessie M. Wright, Treasurer</td> <td>P.O. Box L.</td> <td>Kimberly</td> <td>"</td> <td>83341</td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	President: John R. (Jack) Wright	P.O. Box DD	Kimberly	Id.	83341	Secretary: F. Elaine Wright	" " "	"	"	"	Directors: Douglas W. Wright	357 N. Blue Lakes Apt. #13	Twin Falls	"	83301	David S. Wright	642 Monroe St.	Twin Falls	"	83301	Bessie M. Wright, Treasurer	P.O. Box L.	Kimberly	"	83341
Name	Street or P.O. Address	City	State	Zip																												
President: John R. (Jack) Wright	P.O. Box DD	Kimberly	Id.	83341																												
Secretary: F. Elaine Wright	" " "	"	"	"																												
Directors: Douglas W. Wright	357 N. Blue Lakes Apt. #13	Twin Falls	"	83301																												
David S. Wright	642 Monroe St.	Twin Falls	"	83301																												
Bessie M. Wright, Treasurer	P.O. Box L.	Kimberly	"	83341																												
5. Nature of Business Landscaping, Sprinkler System, Wholesale & Retail Nursery, Sod Farm	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 <i>F. Elaine Wright</i> Name (Typed or Printed) F. Elaine Wright Date 7-14-87 Title secretary																															

10000400 0033