AMENDED ANNUAL REPORT

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E-FILED
Aug 30, 2019
OREGON SECRETARY OF STATE

REGISTRY NUMBER

38098497

REGISTRATION DATE

08/30/2006

BUSINESS NAME

NURSERYSOURCE, LLC

BUSINESS ACTIVITY

COMMERCIAL NURSERY PRODUCTS

MAILING ADDRESS

PO BOX 191
BORING OR 97009 USA

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

PRIMARY PLACE OF BUSINESS

10275 SE 242ND AVE
DAMASCUS OR 97089 USA

JURISDICTION

OREGON

REGISTERED AGENT

JOHN C RAMIG

ATER WYNNE LLP
1331 NW LOVEJOY ST STE 900
PORTLAND OR 97209 USA

If the Registered Agent has changed, the new agent has consented to the appointment.

MEMBER

EMERSON T SPRINGER JR

PO BOX 191
BORING OR 97009 USA

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, managers, members or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

KATIE MOLLER

TITLE

CONTROLLER

DATE SIGNED

08-30-2019