

No. <b>W 2297</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1996</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  <b>PACKERS L.L.C.</b> <b>NOLAND CRITCHFIELD</b> <b>555 W MAIN</b>  <b>OAKLEY ID 83346</b>		<b>NOLAND CRITCHFIELD</b> <b>555 W MAIN</b>  <b>OAKLEY ID 83346</b>  3. Organized Under the Laws of:  <b>ID W 2297</b>	
<b>* FIRST NOTICE *</b>				
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)				
Office held	Name	Street or P.O. Address	City	State Zip
MANAGER	NOLAND CRITCHFIELD	500 N. COLLEGE	OAKLEY	ID 83346
MANAGER	RANDY ROBINSON	RT. 1 Box 35	OAKLEY	ID. 83346
MANAGER	RANDY HARDY	RT. 1 Box 28A	OAKLEY	ID. 83346
MANAGE	GARY WHITELEY	P.O. Box 211	OAKLEY	ID. 83346
5. SIGNATURE OF CURRENT RA  ANY LAWFUL		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 <u><i>Noland Critchfield</i></u> Date <u>7/17/96</u> Name (Typed or Printed) <u>NOLAND CRITCHFIELD</u> Title <u>MANAGER</u>		