

No. 273	Annual Report Form 1996 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct THE FARM LIMITED COMPANY THOMAS L. HALL P O BOX 464 MOUNTAIN HOME ID 83647		EMIL NEJDL 1685 E 10 N MOUNTAIN HOM ID 83647 3. Organized Under the Laws of: ID W 273													
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) <table border="1" data-bbox="37 351 1478 446"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Thomas L. Hall</td> <td>P.O. Box 464</td> <td>Mountain Home</td> <td>ID</td> <td>83647</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Manager	Thomas L. Hall	P.O. Box 464	Mountain Home	ID	83647
Office held	Name	Street or P.O. Address	City	State	Zip											
Manager	Thomas L. Hall	P.O. Box 464	Mountain Home	ID	83647											
5. SIGNATURE OF CURRENT RA		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>Thomas L. Hall</u> Date <u>7/30/96</u> Name (Typed or Printed) <u>Thomas L. Hall</u> Title <u>Manager</u>														

ISSUES: 37-38-1996

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