

No.	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1992		GERALD W. MARTIN ROUTE 2																									
	1 Mailing Address - Please Correct, If Not Correct																											
	K.L.M. NURSERY & DEVELOPMENT CO GERALD W. MARTIN P.O. BOX 217 ST. MARIES ID 83861 0000		ST. MARIES ID 83861 3. Incorporated Under The Laws of ID NO: 64966																									
4. Names and Addresses of Officers and Directors																												
<table border="1"> <thead> <tr> <th></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>President:</td> <td>HARLAN KIELING</td> <td>26692 GROESBECK HWY</td> <td>WARREN</td> <td>MI</td> <td>48089</td> </tr> <tr> <td>Secretary:</td> <td>GERALD W. MARTIN</td> <td>P.O. BOX 217</td> <td>ST. MARIES</td> <td>ID</td> <td>83861</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	HARLAN KIELING	26692 GROESBECK HWY	WARREN	MI	48089	Secretary:	GERALD W. MARTIN	P.O. BOX 217	ST. MARIES	ID	83861	Directors:					
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Directors:																												
5. Nature of Business		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																										
TREE FARM		Signature <u>CAROL J. MARTIN</u> Name (Typed or Printed) <u>CAROL J. MARTIN</u> Date <u>10-5-92</u> Title <u>Secretary</u>																										