

No. 94024	Idaho Corporation Annual Report Form Due No Later Than November 1,	ISSUED: 07-01-1993 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		1. Mailing Address CHARTER SEED PROGRAMS, INC. ROBERT J MUSSER PO BOX 1942 TWIN FALLS ID 83303	ROBERT J MUSSER 834 FALLS AVE TWIN FALLS ID 83303 3. Incorporated Under The Laws of ID NO: 94024																							
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED																										
<table border="1"> <thead> <tr> <th data-bbox="28 412 409 446"></th> <th data-bbox="409 412 740 446">Name</th> <th data-bbox="740 412 1058 446">Street or P.O. Address</th> <th data-bbox="1058 412 1235 446">City</th> <th data-bbox="1235 412 1367 446">State</th> <th data-bbox="1367 412 1609 446">Zip</th> </tr> </thead> <tbody> <tr> <td data-bbox="28 446 409 489">President:</td> <td data-bbox="409 446 740 489">Robert J. Musser</td> <td data-bbox="740 446 1058 489">409 Shoshone St.</td> <td data-bbox="1058 446 1235 489">TWIN FALLS</td> <td data-bbox="1235 446 1367 489">ID</td> <td data-bbox="1367 446 1609 489">83301</td> </tr> <tr> <td data-bbox="28 489 409 526">Secretary:</td> <td data-bbox="409 489 740 526">"</td> <td data-bbox="740 489 1058 526">"</td> <td data-bbox="1058 489 1235 526">So.</td> <td data-bbox="1235 489 1367 526"></td> <td data-bbox="1367 489 1609 526"></td> </tr> <tr> <td data-bbox="28 526 409 563">Directors:</td> <td data-bbox="409 526 740 563">NONE</td> <td data-bbox="740 526 1058 563"></td> <td data-bbox="1058 526 1235 563"></td> <td data-bbox="1235 526 1367 563"></td> <td data-bbox="1367 526 1609 563"></td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	President:	Robert J. Musser	409 Shoshone St.	TWIN FALLS	ID	83301	Secretary:	"	"	So.			Directors:	NONE				
	Name	Street or P.O. Address	City	State	Zip																					
President:	Robert J. Musser	409 Shoshone St.	TWIN FALLS	ID	83301																					
Secretary:	"	"	So.																							
Directors:	NONE																									
5. Nature of Business COMPUTER PROGRAMS	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>Robert J. Musser</u> Date <u>7-8-93</u> Name (Typed or Printed) <u>ROBERT J MUSSER</u> Title <u>PRES</u>																									