

INSTRUCTIONS ON REVERSE SIDE

No. 91562 REINSTATEMENT Secretary of State Room 203 Capitol House Boise ID 83720 FORFEITED 12/1/94 REINSTATEMENT FEE: \$20 25 FEB 10 AM 8 36	Idaho Corporation Annual Report Form Due No Later Than November 1, 1994	2. Registered Agent and Office MELVIN G. HARDER 19937-C U.S. HWY 30 RT. #3 BOX 321 P.O. BOX 88 BUHL ID 83316 330 N BRANDY BUHL IDAHO 83316																				
1. Mailing Address — Please Correct TRI-HARDER FARMS, INC. MELVIN G. HARDER 19937-C U.S. HWY 30 RT. #3 BUHL ID 83316 P.O. BOX 88		3. Incorporated Under The Laws of Idaho																				
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <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: MELVIN G. HARDER</td> <td>P.O. BOX 88</td> <td>BUHL</td> <td>ID</td> <td>83316</td> </tr> <tr> <td>Secretary: _____</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors: _____</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	President: MELVIN G. HARDER	P.O. BOX 88	BUHL	ID	83316	Secretary: _____					Directors: _____				
Name	Street or P.O. Address	City	State	Zip																		
President: MELVIN G. HARDER	P.O. BOX 88	BUHL	ID	83316																		
Secretary: _____																						
Directors: _____																						
5. Nature of Business FARMING	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature <i>Mel Harder</i></td> <td>Date <i>1/16/95</i></td> </tr> <tr> <td>Name (Typed or Printed) MEL HARDER</td> <td>Title PRESIDENT</td> </tr> </table>		Signature <i>Mel Harder</i>	Date <i>1/16/95</i>	Name (Typed or Printed) MEL HARDER	Title PRESIDENT																
Signature <i>Mel Harder</i>	Date <i>1/16/95</i>																					
Name (Typed or Printed) MEL HARDER	Title PRESIDENT																					