| | Due no later than Feb 28, 2003 | 2. Regis | 2. Registered Agent and Office NO PO BOX | | |
|--|---|----------------|---|-------------------------------------|--|
| No. C 137689 | Annual Report Form 1. Mailing Address - Correct in this box, if applicable | BURKE | BURKE H SCHOLER 9600 W MEDALLION DR BOISE, ID 83709 3. New Registered Agent Signature | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 | CASSIA GRAZING ASSN., INC | i i | | | |
| BOISE, ID 83720-0080 | 9600 W MEDALION DR BOISE, ID 83709 | 3. New R | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | ames and Business Addresses of President, S | ecretary and D | irectors. | | |
| | Street or P.O. Address SCHOLETE 9600 WI MEDALLION DR | | State ∡ D | <u>Zip</u> 83 70 9 | |
| | . WI CRAHDEY RT1 BOX 44A | O AKIEY | ΣÞ | 83346 | |
| | E WARDLE 559 BIRCH DR. | BURLEY | ΓÞ | 83318 | |
| | | | | | |
| 5. Organized Under the Laws of | Signature / Company | not | | 12/28/02 | |
| IDAHO C 137689 | Name Printed BURKE H. Sc | HOLER | _ TitleF | 24 | |
| | 2 Do Not Tape or Staple | | | ∠4 | |