

No.	Annual Report Form Due No Later Than November 30,		2. Registered Agent and Office THOMAS F. LOERTSCHER 1357 BONE ROAD																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FEE REQUIRED**	1. Mailing Address Please Correct If Not Correct THOMAS F LOERTSCHER 1357 BONE ROAD IONA ID 83427		IONA ID 83427 3. Organized Under the Law of: ID 53745																			
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Office held</th> <th style="width:30%;">Name</th> <th style="width:30%;">Street or P.O. Address</th> <th style="width:10%;">City</th> <th style="width:10%;">State</th> <th style="width:5%;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>THOMAS F. LOERTSCHER</td> <td>1357 BONE ROAD</td> <td>IONA</td> <td>ID</td> <td>83427</td> </tr> <tr> <td>SECRETARY</td> <td>LINDA G. LOERTSCHER</td> <td>1357 BONE ROAD</td> <td>IONA</td> <td>ID</td> <td>83427</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	THOMAS F. LOERTSCHER	1357 BONE ROAD	IONA	ID	83427	SECRETARY	LINDA G. LOERTSCHER	1357 BONE ROAD	IONA	ID	83427
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5. NATURE OF BUSINESS FARMING ISSUED: 10-05-1996					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 F. Loertscher</u> Date: <u>10/18/96</u> Name (Typed or Printed): <u>THOMAS F. LOERTSCHER</u> Title: <u>3064 PRES.</u>																	