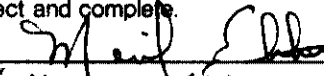


No. 68037	Idaho Corporation Annual Report Form Due No Later Than November 1, 1992		2. Registered Agent and Office NOT A P.O. BOX MERIL J. EBBERS 11670 LONE STAR ROAD NAMPA ID 83651 0000																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	1. Mailing Address — Please Correct, If Not Correct SUNRISE FARMS, INC. MERIL J. EBBERS 11670 LONE STAR ROAD NAMPA ID 83651 0000		3. Incorporated Under The Laws of ID NO: 68037																									
4. Names and Addresses of Officers and Directors																												
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 30%;"><u>Name</u></th> <th style="width: 30%;"><u>Street or P.O. Address</u></th> <th style="width: 10%;"><u>City</u></th> <th style="width: 10%;"><u>State</u></th> <th style="width: 5%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>MERIL EBBERS</td> <td>11670 LONE STAR</td> <td>NAMPA</td> <td>ID</td> <td>83651</td> </tr> <tr> <td>Secretary:</td> <td>CAROL EBBERS</td> <td>11670 LONE STAR</td> <td>NAMPA</td> <td>ID</td> <td>83651</td> </tr> <tr> <td>Directors:</td> <td>NONE</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	MERIL EBBERS	11670 LONE STAR	NAMPA	ID	83651	Secretary:	CAROL EBBERS	11670 LONE STAR	NAMPA	ID	83651	Directors:	NONE				
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																							
President:	MERIL EBBERS	11670 LONE STAR	NAMPA	ID	83651																							
Secretary:	CAROL EBBERS	11670 LONE STAR	NAMPA	ID	83651																							
Directors:	NONE																											
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. Signature  Name (Typed or Printed) MERIL EBBERS Date 10-9-92 Title PRES.																												

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.

Signature

Name *Typed or Printed*

Medical Errors

Date _____

10-9292

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PREL