

No. W 12400	Due no later than Jul 31, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable A&G CROP CARE, L.L.C. NEIL SHUPE 2541 E 300 N P.O. Box 166 ST. ANTHONY, ID 83445		NEIL SHUPE 2541 E 300 N ST. ANTHONY, ID 83445 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Owner</td> <td>Neil Shupe</td> <td>P.O. Box 166</td> <td>St. Anthony,</td> <td>Id.</td> <td>83445</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Owner	Neil Shupe	P.O. Box 166	St. Anthony,	Id.	83445
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Owner	Neil Shupe	P.O. Box 166	St. Anthony,	Id.	83445										
5. Organized Under the Laws of: IDAHO W 12400	6. Signature <u>Neil Shupe</u> Date <u>5/13/02</u> Name (Typed or Printed) <u>Neil Shupe</u> Title <u>Owner</u>														