

No. C 147995	Due no later than March 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX DEEANN HORNER 876 W 400 S HEYBURN, ID 83336																														
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 HORNER FARMS, INC. DEEANN HORNER 876 W 400 S HEYBURN, ID 83336		3. <u>New</u> Registered Agent Signature																														
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 10%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Deeann Horner</td> <td>876 W 400 S</td> <td>Heyburn</td> <td>ID</td> <td>83336</td> </tr> <tr> <td>Director</td> <td>Deeann Horner</td> <td>876 W 400 S</td> <td>Heyburn</td> <td>ID</td> <td>83336</td> </tr> <tr> <td>Secretary</td> <td>James T Horner</td> <td>876 W 400 S</td> <td>Heyburn</td> <td>ID</td> <td>83336</td> </tr> <tr> <td>Director</td> <td>James T Horner</td> <td>876 W 400 S</td> <td>Heyburn</td> <td>ID</td> <td>83336</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>	President	Deeann Horner	876 W 400 S	Heyburn	ID	83336	Director	Deeann Horner	876 W 400 S	Heyburn	ID	83336	Secretary	James T Horner	876 W 400 S	Heyburn	ID	83336	Director	James T Horner	876 W 400 S	Heyburn	ID	83336
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5. Organized Under the Laws of: IDAHO C 147995	6. Signature <u><i>Dee Ann Horner</i></u> Date <u>2/25/2005</u> Name (Typed or Printed) <u>DEE ANN HORNER</u> Title <u>PRESIDENT</u>																																