

| No. C 97061 | Annual Report Form 1996 <i>Due No Later Than November 30,</i> | | 2. Registered Agent and Office NOT A P.O. BOX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|-------|-------------|------|------------------------|------|-------|-----|-------|-------------------|-------------|---------|----|-------|------|--------------------|-------------|---------|----|-------|-----------|-------------------|-------------|---------|----|-------|--------------------|-------------|---------|----|-------|
| 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 LEAVELL CATTLE INC. ALONZO B LEAVELL PO BOX 54 | | ALONZO B LEAVELL 1807 AF 1750 S GOODING ID 83330 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3. Organized Under the Laws of: | | ID C 97061 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | * FIRST NOTICE * GOODING ID 83330 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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="text-align: left;">Office held</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or P.O. Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRES.</td> <td>Alonzo B. Leavell</td> <td>P.O. Box 54</td> <td>Gooding</td> <td>ID</td> <td>83330</td> </tr> <tr> <td>SEC.</td> <td>Charmianne Leavell</td> <td>P.O. Box 54</td> <td>Gooding</td> <td>ID</td> <td>83330</td> </tr> <tr> <td rowspan="2">DIRECTORS</td> <td>Alonzo B. Leavell</td> <td>P.O. Box 54</td> <td>Gooding</td> <td>ID</td> <td>83330</td> </tr> <tr> <td>Charmianne Leavell</td> <td>P.O. Box 54</td> <td>Gooding</td> <td>ID</td> <td>83330</td> </tr> </tbody> </table> | | | | | Office held | Name | Street or P.O. Address | City | State | Zip | PRES. | Alonzo B. Leavell | P.O. Box 54 | Gooding | ID | 83330 | SEC. | Charmianne Leavell | P.O. Box 54 | Gooding | ID | 83330 | DIRECTORS | Alonzo B. Leavell | P.O. Box 54 | Gooding | ID | 83330 | Charmianne Leavell | P.O. Box 54 | Gooding | ID | 83330 |
| Office held | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRES. | Alonzo B. Leavell | P.O. Box 54 | Gooding | ID | 83330 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEC. | Charmianne Leavell | P.O. Box 54 | Gooding | ID | 83330 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DIRECTORS | Alonzo B. Leavell | P.O. Box 54 | Gooding | ID | 83330 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Charmianne Leavell | P.O. Box 54 | Gooding | ID | 83330 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. NATURE OF BUSINESS TRUCKING | | 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><i>Alonzo B. Leavell</i></u> Date <u>7/18/96</u> Name (Typed or Printed) <u>Alonzo B. Leavell</u> Title <u>Pres.</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

ISSUED: 07-06-1996

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