

OF STATE
JEFFERSON
3720
D 83720-0080

NO FILING FEE IF
RECEIVED BY DUE DATE

Due no later than November 30, 2003
Annual Report Form

1. Mailing Address - Correct in this box, if applicable

CHRISTENSEN FARMS, INC.
G L CHRISTENSEN
914 N 150 W

BLACKFOOT, ID 83221

2. Registered Agent and Office **NO PO BOX**

GERALD L CHRISTENSEN
65 S. LAVASIDE

BLACKFOOT, ID 83221

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRES.	G. L. CHRISTENSEN	65 S. LAVASIDE	BLACKFOOT	ID	83221
V.P.	DAVID CHRISTENSEN	914 N. 150 W	BLACKFOOT	ID	83221
Secy/Treas.	DIANE CHRISTENSEN	65 S. LAVASIDE	BLACKFOOT	ID	83221

5. Organized Under the Laws of:

IDAHO
C 38947

6.

Signature [Signature] Date 9/14/03

Name (typed or Printed) DAVID CHRISTENSEN Title V.P.