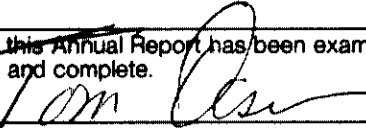
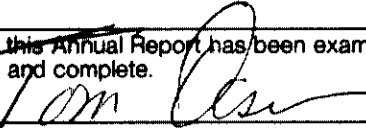
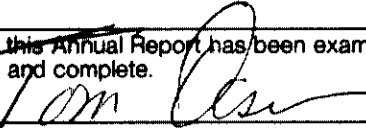


79936

No.	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1992		TOM OLSEN 228 SOUTH COLE ROAD BOISE ID 83709																									
	1. Mailing Address Please Correct If Not Correct																											
	NUTRI-PLUS, INC. TOM OLSEN 228 S COLE RD BOISE ID 83709 0000		3. Incorporated Under The Laws of ID NO: 79936																									
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></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>President:</td> <td>TOM OLSEN</td> <td>228 S. COLE RD.</td> <td>BOISE</td> <td>ID</td> <td>83709</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></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:	TOM OLSEN	228 S. COLE RD.	BOISE	ID	83709	Secretary:						Directors:					
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																							
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Secretary:																												
Directors:																												
5. Nature of Business CATTLE FEED SUPPLEMENT SALES		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>7-20-92</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>TOM OLSEN</td> <td>Title</td> <td>OWNER</td> </tr> </table>			Signature		Date	7-20-92	Name (Typed or Printed)	TOM OLSEN	Title	OWNER																
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