e e e e e e e e e e e e e e e e e e e	DO NOT WRITE IN THIS AREA	B. IF YOU WISH TO CHANGE	TED INFORMATION IS IN GE THE REGISTERED OFF IN BLOCK [3] YOU MUS	INSTRUCTIONS CORRECT, ENTER THE CORRECT ICE OR AGENT FROM THE PRE-
	REGIONAL SEC. C. T. ATE	C. ENTER COMPLETE INFORM	MATION IN BLOCKS [4], JAL REPORT TO THE ADD	ARY OF STATE. [5], AND [6]. RESS SHOWN ON THE REVERSE
H	88 DEG 2 AM 8 51 LI CORP. W, FED. EMP. ID W, NAME, PRINCIPAL OFFIC	CE, OFFICER AT THAT ADDRESS	2 INCORPORATED	UNDER LAWS OF:
	Corp. # 65015 T. N. Cargill Corporation 102 Southern Comfort Dr. Coldsprings Subdivision Blaine County, Idaho President	1	Thomas N. P.O. Box 9 Sun Valley A NATURE OF BUS	RESS OF REGISTERED AGENT IDAHO: Cargill
<u>-</u> 18 9	, ™ore them to 41, yellin	APPS ASPE ASPE ASPE ASPE ASPERSAGE	Minageralemonagisili pipaga-конфайськай комос момо очес	ga abakan galawan g

5 NAMES AND ADDRESSES OF OFFICERS AND DIRECTORS:								
	NAME	STREET OR P.O. ADDRESS	CITY	STATE	ZIP CODE			
PRESIDENT:	Thomas N. Cargill	P.O. Box 932, Sun Valley,	ID	83353				
SECRETARY: DIRECTORS:	Marci L. Cargill Thomas H. Cargill Marci L. Cargill	P.O. Box 932, Sun Valley, P.O. Box 932, Sun Valley, P.O. Box 932, Sun Valley,	ID,					
	. accar be ourgan	Jon Jon, Jun valle,						

PETE T. CENARRUSA SECRETARY OF STATE **ROOM 203, STATEHOUSE** BOISE, ID. 83720 SEND NO MONEY, THE CORPORATION FRANCHISE TAX IS PAID TO THE TAX COMMISSION WHEN YOU

RETURN THE COMPLETED ANNUAL REPORT TO:

FILE YOUR CORPORATION INCOME TAX.

SIGNATURE

6 THE FOLLOWING CERTIFICATE MUST BE SIGNED BY AN OFFICER OF THE

I CERTIFY THAT THIS ANNUAL REPORT HAS BEEN EXAMINED BY ME

AND IS, TO THE BEST OF MY KNOWLEDGE, TRUE, CORRECT, AND COMPLETE.

DATE

NAME (TYPED OR PRINTED)

CORPORATION.

President

TITLE OR POSITION

Thomas N. Cardik