		UCTIONS ON REVERSE SIDE	A LOGUED PROGRAMMA TY
lo. 50582		oration Annual Report Form  Than November 1.1994	2. Registered Agent and Office NOT A P.O. BOX:  FRED GEHRING 3648 GEHRING ROAD
Return To  Secretary of State Room 203, Statehouse Boise, ID 83720  ** FINAL NOTICE ** NO FEE REQUIRED	1. Mailing Address	- Please Correct, If Not Correct RMS, FERD GEHRING AND ING NG ROAD	AMERICAN FALLS ID 83211  3. Incorporated Under The Laws of ID NO: 50582
4. Names and Addresses of Officer	s and Directors	MUST BE PRINTED OF	TYPED
Y. Names and Padrocost C. C. Mars.	<u>Name</u>	Street or P.O. Address	<u>City</u> <u>State</u> <u>Zip</u>
Secretary: Donna		3648 Gehring Road 1306 Division Street LSU Campus PO Box 21281	
5. Nature of Business	6. I certif true, c	fy that this Annual Report has been exam correct and complete.	nined by me and is to the best of my knowledge
Agriculture	Signature Name Pr	e Done Calring  Typed or Donna Gehring	Title Secretary