No. C 539	925	Annual Report Form 19 Due No Later Than November 30,		nt and Office NOT A P.O. E	30X
Return to: SECRETARY OF S	STATE 1. Mail	ing Address - Please Correct, If Not Correct	DERALD ROUTE 1	B. GLENN	
700 WEST JEFFE PO BOX 83720 BOISE, ID 83720-	0080 DE	RALD GLENN FARMS, INC. RALD 3. GLENN UTE 1	3796 NORTH	H 3400 EAST Y ID 833	41
NO FEE REQUI	37	96 NORTH 3400 EAST	3. Organized Unde	3. Organized Under the Laws of:	
* FIRST NO		MBERLY ID 83341	19	C 50926	
Limited Liability	inter Names and Addre Companies: Enter Name	sses of President, Secretary and Directors es and Addresses of Managers or Men	nbers (check one)	***************************************	
Office held	<u>Name</u>	Street or P.O. Address	City	State Zip	
resident	Derald Gleni	7 3796 N. 3400 E.	Kimbed	Id. 8334	ſ
Secular.	6015 Glean	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<i>y</i> (p. r	
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Precion	Karen Glen	3796 N. 3400 E.	, (, , , , , , , , , , , , , , , , , , , ,	
NATURE OF	F BUSINESS	6. I certify that this Annual Report has be knowledge true, correct and complete Signature Signature Name (Typed or Denald B. G/	peen examined by me	and is to the best of my Aug. 12,196	
NATURE OF	F BUSINESS	6. I certify that this Annual Report has be knowledge true, correct and complete	peen examined by me	and is to the best of my	
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