


No. 075100	Idaho Corporation Annual Report Form		2. Registered Agent and Office																															
Return To  Secretary of State Room 203, Statehouse Boise, ID 83720	Due No Later Than November 1, 1988		JON BRENNAN ROUTE #1 FILER, IDAHO 83328																															
	1. Mailing Address — Please Correct 075100																																	
	CONSOLIDATED AG OF CURRY, INC. JON BRENNAN <del>REMOVED</del> C/O HATCH & HAYES CPAs <del>FILER, IDAHO</del> 834 FALLS, STE 1020D 83023 TWIN FALLS, ID 83301		3. Incorporated Under The Laws of  STATE OF IDAHO 10 04																															
4. Names and Addresses of Officers and Directors																																		
<table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: JON BRENNAN</td> <td>RT. 1</td> <td>FILER</td> <td>ID</td> <td>83328</td> </tr> <tr> <td>Secretary: KARL JOSLIN</td> <td>RT. 1, BOX 4321</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Directors: JON BRENNAN</td> <td>RT. 1</td> <td>FILER</td> <td>ID</td> <td>83328</td> </tr> <tr> <td>JEFF BRENNAN</td> <td>RT. 1</td> <td>FILER</td> <td>ID</td> <td>83328</td> </tr> <tr> <td>KARL JOSLIN</td> <td>RT. 1, BOX 4321</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: JON BRENNAN	RT. 1	FILER	ID	83328	Secretary: KARL JOSLIN	RT. 1, BOX 4321	TWIN FALLS	ID	83301	Directors: JON BRENNAN	RT. 1	FILER	ID	83328	JEFF BRENNAN	RT. 1	FILER	ID	83328	KARL JOSLIN	RT. 1, BOX 4321	TWIN FALLS	ID	83301
Name	Street or P.O. Address	City	State	Zip																														
President: JON BRENNAN	RT. 1	FILER	ID	83328																														
Secretary: KARL JOSLIN	RT. 1, BOX 4321	TWIN FALLS	ID	83301																														
Directors: JON BRENNAN	RT. 1	FILER	ID	83328																														
JEFF BRENNAN	RT. 1	FILER	ID	83328																														
KARL JOSLIN	RT. 1, BOX 4321	TWIN FALLS	ID	83301																														
<div style="text-align: right;">             ENTERED              APR 14 1989           </div>																																		
5. Nature of Business		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																																
RENTAL PROPERTY		Signature  Name (Typed or Printed) JON BRENNAN Date _____ Title PRES.																																