

| No. 071589   | Idaho Corporation Annual Report Form  |   | 2. Registered Agent and Office                         |       |       |      |                        |      |       |     |            |             |              |       |     |       |            |  |     |   |   |   |            |             |  |  |  |  |
|--|---|---|--|-------|-------|------|------------------------|------|-------|-----|------------|-------------|--------------|-------|-----|-------|------------|--|-----|---|---|---|------------|-------------|--|--|--|--|
| Return To<br>Secretary of State<br>Room 203, Statehouse<br>Boise, ID 83720<br>RECEIVED<br>SEC. OF STATE<br>87 JUL 6 AM 10 55   | Due No Later Than November 1, 1987  |   | KENT FOSTER<br>ROUTE 2<br>RIGBY, IDAHO<br>83442        |       |       |      |                        |      |       |     |            |             |              |       |     |       |            |  |     |   |   |   |            |             |  |  |  |  |
|  | 1. Mailing Address — Please Correct 071589  |   |  |       |       |      |                        |      |       |     |            |             |              |       |     |       |            |  |     |   |   |   |            |             |  |  |  |  |
|  | KENT FOSTER HONEY, INC.<br>KENT FOSTER<br>ROUTE 2, BOX 90A<br>RIGBY, IDAHO<br>83442 |   | 3. Incorporated Under The Laws<br>of<br>STATE OF IDAHO |       |       |      |                        |      |       |     |            |             |              |       |     |       |            |  |     |   |   |   |            |             |  |  |  |  |
| 4. Names and Addresses of Officers and Directors   |   |   |  |       |       |      |                        |      |       |     |            |             |              |       |     |       |            |  |     |   |   |   |            |             |  |  |  |  |
| <table border="1"> <thead> <tr> <th></th> <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:</td> <td>Kent Foster</td> <td>RT 2 Box 90A</td> <td>Rigby</td> <td>ID.</td> <td>83442</td> </tr> <tr> <td>Secretary:</td> <td></td> <td>" "</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td>Judy Foster</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |   |   |  |       |       | Name | Street or P.O. Address | City | State | Zip | President: | Kent Foster | RT 2 Box 90A | Rigby | ID. | 83442 | Secretary: |  | " " | " | " | " | Directors: | Judy Foster |  |  |  |  |
|  | Name  | Street or P.O. Address  | City   | State | Zip   |      |                        |      |       |     |            |             |              |       |     |       |            |  |     |   |   |   |            |             |  |  |  |  |
| President:   | Kent Foster   | RT 2 Box 90A  | Rigby  | ID.   | 83442 |      |                        |      |       |     |            |             |              |       |     |       |            |  |     |   |   |   |            |             |  |  |  |  |
| Secretary:   |   | " "   | "  | "     | "     |      |                        |      |       |     |            |             |              |       |     |       |            |  |     |   |   |   |            |             |  |  |  |  |
| Directors:   | Judy Foster   |   |  |       |       |      |                        |      |       |     |            |             |              |       |     |       |            |  |     |   |   |   |            |             |  |  |  |  |
| 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. |  |       |       |      |                        |      |       |     |            |             |              |       |     |       |            |  |     |   |   |   |            |             |  |  |  |  |
| See Business   |   | Signature <u>Kent Foster</u> Date <u>7-1-87</u><br>Name (Typed or Printed) <u>Kent Foster</u> Title <u>Pres.</u>            |  |       |       |      |                        |      |       |     |            |             |              |       |     |       |            |  |     |   |   |   |            |             |  |  |  |  |

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