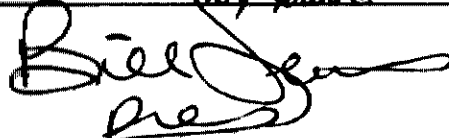


No. C102762	Annual Report Form Due No Later Than November 30, 1997	2. Registered Agent and Office NOT A P O BOX SUSIE LEWIS 2503 LAURIE LN TWIN FALLS ID 83301
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct INDEPENDENT DISTRIBUTION ENT PO BOX 374	3. Organized Under the Laws of ID
* FIRST NOTICE *	FILER	ID
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
PRESIDENT	BILL LEWIS	2503 LAURIE LN
SECRETARY	RICHARD PODER	P.O. BOX 179
LARRY MATTHEWS	DIRECTOR	P.O. BOX 1048
DIRECTOR	TOMMY HADLEY	P.O. BOX 1048
"	SUSIE LEWIS	2503 LAURIE LN
"	MATT FITZMAURKE	P.O. BOX 7395
"	GARY LONG	P.O. BOX 7783
"	LARRY JOHNSON	BOX 133
"	MAX PARKINSON	4471 N 500 W
"	BOY YOUNG	P.O. BOX 86
<u>City</u>	<u>State</u>	<u>Zip</u>
TWIN FALLS	ID	83301
SUGARCITY	ID	83448
HILLSBORO	OR	97143
HILLSBORO	OR	97122
TWIN FALLS	ID	83301
SALEM	OR	97302
YAKIMA	WA	98905
KREMUN	MT	59532
REXBURG	ID	83444
MINTOHA	ID	83303
5. 		6. Signature <u>Susie Lewis</u> Date <u>7-21-97</u> Name (Typed or Printed) <u>Susie Lewis</u> Title <u>Director</u>

ISSUED 07-04-1997

(DO NOT TAPE OR STAPLE)

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