Ma	INSTRUCTIONS ON REVERSE SIDE		2. Registered Agent and Office NOT A P.O. BOX	
No. 47217  ** Return To	Idaho Corporation Annual Report Form  Due No Leter Than November 1, 1991		T.E. CODP	
Secretary of State Room 203, Statehouse Bolse, ID 83720	L Mailing Address - Please Correct II Not Correct  CODR*S./ INC. T. E. CODR  ROUTE 4/ BOX 4396		ROUTE 4 ,	ID 93651
			3. Incorporated Unde	
NO FEE REQUIRED	NAMPA	ID 83651	No: 047217	
<ol><li>Names and Addresses of Officer</li></ol>	rs and Directors			
	Name	Street or P.O. Address	City	State Zip
President: Secretary: Directors:	len m. Cadr	10729 Famer	Name	State Zip State 83646
5. Nature of Business	6. I certify that true, correc	t this Annual Report has been ex t and complete.	amined by me and is to the	ne best of my knowledge
Farming	Signature Name (Typed or Alimed)	AE. Codx	Date	7-1-91