		INSTRUCTO	ONS ON REVERSE SIDE	1	(.e., (e.) w.w.	.'8
No. 78652	lo	laho Corporation	on Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX		
Return To		oue No Later Thai	RONALD N GRAVES 999 MAIN ST/ SUITE 1300			
Secretary of State Room 203, Stateho Boise, ID 83720	RON	ALD N GRAV	/ICES, INC. /ES	BOISE ID 83702 3. Incorporated Under The Laws		83702
* FIRST NOTICE	E *	P C BCX 27 BOISE ID 83707		of ID NO: 78652		
4. Names and Addresses of	f Officers and Din	ectors	MUST BE PRINTED	OR TYPED		
		me	Street or P.O. Address	City	State	Zio
President: Secretary: Directors:	Kirk G. Sm Ronald N. Kirk G. Sm Stephen A. L. E. Cost	Graves ith Beebe	P.O. Box 296 P.O. Box 27 P.O. Box 296 P.O. 9386 P.O. Box 27	Wilder Boise Wilder Boise Boise	ID ID ID ID	83676 83707 83676 83707 83707
5. Nature of Business	<u> </u>	6. I certify that	this Annual Report has been exa	mined by me and is to the	a best of my k	nowledge
Meat processing		Signature	turner XI		ugust 5,	1993
· · · · · · · · · · · · · · · · · · ·		Name (Typed or)	Ronald N. Graves	Title S	ecretary_	