

No. C 74402	Annual Report Form <i>Due No Later Than November 30,</i>		1997	2 Registered Agent and Office NOT A P.O. BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1 Mailing Address Please Correct If Not Correct PARKINSON FARM SUPPLY, INC. MAX G. PARKINSON 4471 NORTH 5000 WEST REXBURG ID 83440		MAX G. PARKINSON 4471 NORTH 5000 WEST REXBURG ID 83440																			
	3 Organized Under the Laws of ID C 74402																					
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 30%;">Name</th> <th style="text-align: left; width: 35%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 15%;">Zip</th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>MAX G PARKINSON</td> <td>4471N 5000W</td> <td>Rexburg</td> <td>Id</td> <td>83440</td> </tr> <tr> <td>Sec+Treas</td> <td>CAROL S PARKINSON</td> <td>4471N 5000W</td> <td>Rexburg</td> <td>Id</td> <td>83440</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Pres	MAX G PARKINSON	4471N 5000W	Rexburg	Id	83440	Sec+Treas	CAROL S PARKINSON	4471N 5000W	Rexburg	Id	83440
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5.		6.																				
		Signature <u><i>Max G Parkinson</i></u> Date <u>7-15-97</u> Name (Typed or Printed) <u>MAX G PARKINSON</u> Title <u>Pres</u>																				

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

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