

No. C 97385	<b>Annual Report Form</b> Due No Later Than November 30, 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  <b>NO FEE REQUIRED</b>  <b>** FINAL NOTICE **</b>	1. Mailing Address - Please Correct, If Not Correct  SATCHWELL FARMS, INC. M YVONNE SATCHWELL N 5450 GREENFERRY RD  POST FALLS ID 83854		M YVONNE SATCHWELL N 5450 GREENFERRY RD  POST FALLS ID 83854  3. Organized Under the Laws of:  ID C 97385																									
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one) <table border="1" data-bbox="33 340 1475 553"> <thead> <tr> <th>Office held</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>M. Yvonne Satchwell</td> <td>N 5450 Greenferry Rd</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>Secretary</td> <td>Wanda R. McLean</td> <td>N 5480 Greenferry Rd</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>Director</td> <td>G. Wade McLean</td> <td>N 5480 Greenferry Rd</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	M. Yvonne Satchwell	N 5450 Greenferry Rd	Post Falls	ID	83854	Secretary	Wanda R. McLean	N 5480 Greenferry Rd	Post Falls	ID	83854	Director	G. Wade McLean	N 5480 Greenferry Rd	Post Falls	ID	83854
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5.	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>M. Yvonne Satchwell</u> Date <u>10-8-97</u> Name (Typed or Printed) <u>M. Yvonne Satchwell</u> Title <u>President</u>																											

ISSUED: 10-04-1997

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