

No. <b>W 8799</b>	<b>Due no later than May 31, 2005</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  AGRICENTS LIMITED COMPANY BENJAMIN GISIN PO BOX 3662 IDAHO FALLS, ID 83403		BENJAMIN GISIN 1500 JONES ST STE B IDAHO FALLS, ID 83401  3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <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>Member</td> <td>Benjamin Gisin</td> <td>P.O. Box 3662</td> <td>Idaho Falls</td> <td>Idaho</td> <td>83403</td> </tr> <tr> <td>Member</td> <td>Doug Field</td> <td>5683 S. Schooner Way</td> <td>Boise</td> <td>Idaho</td> <td>83716</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Member	Benjamin Gisin	P.O. Box 3662	Idaho Falls	Idaho	83403	Member	Doug Field	5683 S. Schooner Way	Boise	Idaho	83716
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5. Organized Under the Laws of:  IDAHO W 8799		6. Signature <u>Benjamin Gisin</u> Date <u>5-5-05</u> Name <u>Benjamin Gisin</u> Title <u>member</u>																			