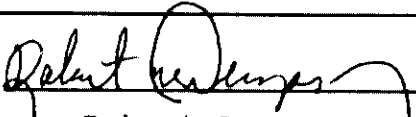
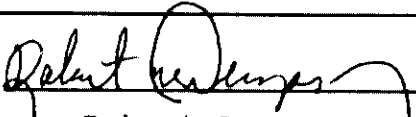
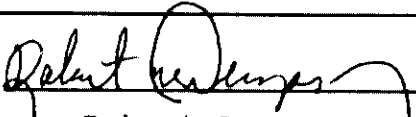


No. W 2490	Annual Report Form 1997 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct ROCKY MOUNTAIN SPRAYERS LLC ROBERT DEMPSAY PO BOX 185		ROBERT DEMPSAY 210 E ELLIS ST PAUL ID 83347													
	PAUL ID 83347		3. Organized Under the Laws of: ID W 2490													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)																
<table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Robert Dempsay</td> <td>PO Box 185</td> <td>Paul</td> <td>ID</td> <td>83347</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Robert Dempsay	PO Box 185	Paul	ID	83347
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Manager	Robert Dempsay	PO Box 185	Paul	ID	83347											
5. SIGNATURE OF CURRENT RA		6. <table border="0"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td colspan="2">8-6-97</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Robert Dempsay</td> <td>Title</td> <td colspan="2">Mgr</td> </tr> </table>			Signature		Date	8-6-97		Name (Typed or Printed)	Robert Dempsay	Title	Mgr			
Signature		Date	8-6-97													
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ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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