	INSTRUCTION	NS ON REVERSE SIDE	**************************************	.400 r
No. 94123		Annual Report Form	2. Registered Agent and Office	e NOTA P.O. BOX
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		SID R CELLAN 161 N FIRST EAST	
	CELLAN FARMS, INC. SID R CELLAN		SODA SPRINGS 3. Incorporated Under The La	ID 83276
	161 N FIRST EA	ST ID 83276	of ID NO: 94123	***
4. Names and Addresses of Office	ers and Directors	MUST BE PRINTED	OR TYPED) - }
President: Secretary: Directors:	Name Sid R. Cellan Janet B. Cellan	Street or P.O. Address	Soda Springs =	tate Zip ED 83276
5. Nature of Business Farmina	6. I certify that the true, correct and Signature Name (Tipped or Pannet)	is Annual Report has been ex al complete. Janet B. Cella		7-93