

No. 0 5380	Annual Report Form <i>Due No Later Than November 30,</i> 1996		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 GLAVIN BEAN PROCESSING, INC. DONALD GLAVIN 3586 HWY 93 TWIN FALLS ID 83301		DON GLAVIN 3586 HWY 93 TWIN FALLS ID 83301 3. Organized Under the Laws of: ID C 53880																		
	4. Corporations: Enter Names and 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;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRES.</td> <td>DON GLAVIN</td> <td>3586 Highway 93</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>SECT.</td> <td>BARNEY GLAVIN</td> <td>3080 Addison Ave. E</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</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>	PRES.	DON GLAVIN	3586 Highway 93	TWIN FALLS	ID	83301	SECT.	BARNEY GLAVIN	3080 Addison Ave. E	TWIN FALLS	ID
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5. NATURE OF BUSINESS BEAN PROCESSING	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><i>Barney Glavin</i></u> Date <u>7/26/96</u> Name (Typed or Printed) <u>BARNEY GLAVIN</u> Title <u>SECRETARY</u>																				

ISSUED: 07-06-1996

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