

No. 77274	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX  RANDALL W. DAY 227 MAIN STREET  BONNERS FERRY ID 83805																														
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  ** FINAL NOTICE ** NO FEE REQUIRED	1. Mailing Address <i>Please Correct If Not Correct</i>	3. Incorporated Under The Laws of ID NO: 077274																														
	WAYNE TUCKER FARMS, INC. RANDALL W. DAY P. O. BOX 358  BONNERS FERRY ID 83805 0000																															
4. Names and Addresses of Officers and Directors																																
<table border="1"> <thead> <tr> <th></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>President:</td> <td>Wayne Tucker</td> <td>P.O. Box 879</td> <td>Bonnors Ferry</td> <td>ID</td> <td>83805</td> </tr> <tr> <td>Secretary:</td> <td>Jim Tucker</td> <td>P.O. Box 965</td> <td>" "</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td>Nancy Tucker</td> <td>P.O. Box 879</td> <td>" "</td> <td>"</td> <td>"</td> </tr> <tr> <td></td> <td>(same as above)</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Wayne Tucker	P.O. Box 879	Bonnors Ferry	ID	83805	Secretary:	Jim Tucker	P.O. Box 965	" "	"	"	Directors:	Nancy Tucker	P.O. Box 879	" "	"	"		(same as above)				
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5. Nature of Business  Farming	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  <table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td><i>Jim Tucker</i></td> <td>10/11/91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td>Jim Tucker</td> <td>Secretary</td> </tr> </table>		Signature	Date	<i>Jim Tucker</i>	10/11/91	Name (Typed or Printed)	Title	Jim Tucker	Secretary																						
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