

No. 048617	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To	Due No Later Than November 1, 1987		JAMES H. CAPPS 1415 PEDERSEN. IDAHO FALLS, IDAHO 83401																									
Secretary of State Room 203, Statehouse Boise, ID 83720 RECEIVED SEC. OF STATE 67 JUL 7 AM 11 00	1. Mailing Address — Please Correct 048617				3. Incorporated Under The Laws of JUL 14 1987 STATE OF IDAHO																							
BONNEVILLE DISTRIBUTORS, INC. JAMES H. CAPPS 1415 PEDERSEN, BOX 456 IDAHO FALLS, IDAHO 83401																												
4. Names and Addresses of Officers and Directors																												
<table border="1"> <thead> <tr> <th></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>President:</td> <td>J. H. Capps</td> <td>123 Box 332</td> <td>Idaho Falls</td> <td></td> <td>83401</td> </tr> <tr> <td>Secretary:</td> <td>J. M. Barnes</td> <td>214 Evergreen</td> <td>" "</td> <td></td> <td>83401</td> </tr> <tr> <td>Directors:</td> <td>Name</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	J. H. Capps	123 Box 332	Idaho Falls		83401	Secretary:	J. M. Barnes	214 Evergreen	" "		83401	Directors:	Name				
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Secretary:	J. M. Barnes	214 Evergreen	" "		83401																							
Directors:	Name																											
5. Nature of Business Wholesale distributor		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>James H. Capps</u> Name (Typed or Printed): James H. Capps Date: 7-1-87 Title: Pres																										