

ISSUED: 07-05-1994

No. 88498	<b>Idaho Corporation Annual Report Form</b>		2. Registered Agent and Office																															
Return To <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>P.O. BOX 83720</b> <b>Boise, ID 83720-0080</b> * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1994		DALE MICKELSEN P.O. BOX 528 (RAILROAD STREET RIGBY ID 83442																															
	1. Mailing Address — <del>Idaho Corporation Annual Report</del> RIGBY PRODUCE, INC. DALE MICKELSEN P.O. BOX 628 RIGBY ID 83442																																	
	4. Names and Addresses of Officers and Directors		3. Incorporated Under The Laws of ID NO: 88498																															
<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>DALE MICKELSEN</td> <td>5249 N 5TH W.</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83401</td> </tr> <tr> <td>Secretary:</td> <td>BYRON WHEATLEY</td> <td>1381 E 65 N.</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83401</td> </tr> <tr> <td>Directors:</td> <td>DALE MICKELSON</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>BYRON WHEATLEY</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	DALE MICKELSEN	5249 N 5TH W.	IDAHO FALLS	ID	83401	Secretary:	BYRON WHEATLEY	1381 E 65 N.	IDAHO FALLS	ID	83401	Directors:	DALE MICKELSON						BYRON WHEATLEY				
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5. Nature of Business		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																																
PRODUCT PACKING		<table border="1"> <tr> <td>Signature</td> <td><i>Dale Mickelson</i></td> <td>Date</td> <td>7-12-94</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>DALE MICKELSON</td> <td>Title</td> <td>Pres</td> </tr> </table>			Signature	<i>Dale Mickelson</i>	Date	7-12-94	Name (Typed or Printed)	DALE MICKELSON	Title	Pres																						
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