o. C 923		Annual Report		2. Registered Agent	and Office NO T	A P.U. DUA
		Que No Later Than No	vember 30,	JARREL C	. MOORE	
eturn to: SECRETARY OF ST		Address - Please Correct,		2337 808	BARTON	RD .
700 WEST JEFFER PO BOX 61721	JARE	VALLEY, INC.		JEROME	I D	83338
BOISE. 10 12720-00		BOB BARTON R	5		_	
NOTEE HEQUE				3. Organized Under	r the Laws of:	
* FINAL NO	TICE TE JERO	ME	ID 83338	10	0 93	2046
Corporations:cEn	ter Mankes and Addresse Companies: Enter Names a	s of President, Secretary and Addresses of I Man a	and Directors agers or 🔲 Memb	pers (check one)		
Office held	Name	Street or P.O. A	lddress	City	State	<u>Zîp</u>
PRESIDENT/	TIM L. MOORE	1473 € 360	0 S	WENDELL	FA	83355
DIRECTOR		4274 4 -	n - 2	TEROME	IO	83338
	JARREL C. MOC	RE 2337 130 B	13.4/EF CA	3 21-0.		-
SCRETARY/	JARREL C. MOC	RE 2337 BOB	13,4/21 62	y 20000	_	-
	JARREL C. MOC	LE 2331 130B	AAR OU	J EVILO		
SCRETARY/	JARREL C. MOC	LE 2331 130B	134/EF CM	y grade of		٠.
SCRETARY/	JARREL C. MOC	EC 2331 130B	134/61 00	y grade o		٠.
SCRETARY/ DIRECTOR		6. I certify that this Ar	mual Report has be	en examined by me a		est of my
SCRETARY/ DIRECTOR NATURE OF	BUSINESS	6. I certify that this Arknowledge true, co-	mual Report has be	en examined by me a	and is to the be	est of my
SCRETARY/ DIRECTOR NATURE OF	BUSINESS	6. I certify that this Arknowledge true, co-		en examined by me a	and is to the ba	
SCRETARY/ DIRECTOR NATURE OF		6. I certify that this Arknowledge true, co	noual Report has be	en examined by me a	and is to the be	
NATURE OF	BUSINESS	6. I certify that this Arknowledge true, co	noual Report has be	en examined by me a	and is to the ba	
NATURE OF	BUSINESS ERTILIZER & CH	6. I certify that this Arknowledge true, co	noual Report has be	en examined by me a	ind is to the bi	
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NATURE OF	BUSINESS ERTILIZER & CH	6. I certify that this Arknowledge true, co	noual Report has be	en examined by me a	ind is to the bi	