

No. C 48369

Annual Report Form
Due No Later Than November 30, 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 *

PARMA ID 83660

4. Corporations: Enter Names and Addresses of President, Secretary and Directors
Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT DIRECTOR	GARY L. ROHWER	P.O. BOX 60	PARMA	ID	83660
Sec/Treas/ DIRECTOR	PATRICIA L. ROHWER	SAME			

5. NATURE OF BUSINESS

LIVESTOCK NUTRITIONAL

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 Patricia L. Rohwer Date 8/21/96
 Name (Type or Printed) PATRICIA L. ROHWER Title See

ISSUED: 07-06-1996

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