

INSTRUCTIONS ON REVERSE SIDE

No. 54738	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX																															
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct		MILLIE J. CHICANE ROUTE 1, BOX 106 GRANGEVILLE ID 83530																															
	CHICANE FARMS, INC. MILLIE J. CHICANE ROUTE 1, BOX 106 GRANGEVILLE ID 83530		3. Incorporated Under The Laws of ID ID: 054738																															
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>JOSEPH E CHICANE</td> <td>RT 1 BOX 106</td> <td>GRANGEVILLE</td> <td>ID</td> <td>83530</td> </tr> <tr> <td>Secretary:</td> <td>MILLIE J CHICANE</td> <td>RT 1 BOX 106</td> <td>GRANGEVILLE</td> <td>ID</td> <td>83530</td> </tr> <tr> <td>Directors:</td> <td>PATRICK L CHICANE</td> <td>RT 1 BOX 106</td> <td>GRANGEVILLE</td> <td>ID</td> <td>83530</td> </tr> <tr> <td></td> <td>ELIZABETH E CHICANE</td> <td>RT 1 BOX 106</td> <td>GRANGEVILLE</td> <td>ID</td> <td>83530</td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	JOSEPH E CHICANE	RT 1 BOX 106	GRANGEVILLE	ID	83530	Secretary:	MILLIE J CHICANE	RT 1 BOX 106	GRANGEVILLE	ID	83530	Directors:	PATRICK L CHICANE	RT 1 BOX 106	GRANGEVILLE	ID	83530		ELIZABETH E CHICANE	RT 1 BOX 106	GRANGEVILLE	ID	83530
	Name	Street or P.O. Address	City	State	Zip																													
President:	JOSEPH E CHICANE	RT 1 BOX 106	GRANGEVILLE	ID	83530																													
Secretary:	MILLIE J CHICANE	RT 1 BOX 106	GRANGEVILLE	ID	83530																													
Directors:	PATRICK L CHICANE	RT 1 BOX 106	GRANGEVILLE	ID	83530																													
	ELIZABETH E CHICANE	RT 1 BOX 106	GRANGEVILLE	ID	83530																													
5. Nature of Business AGRICULTURAL 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. Signature <u>Millie J Chicane</u> Date <u>7-15-91</u> Name (Typed or Printed) <u>MILLIE J CHICANE</u> Title <u>Secretary</u>																																