

No. C 48607	Annual Report Form Due No Later Than November 30, 1995		2. Registered Agent and Office NOT A P.O. BOX 254 CAVANESS 274 339 SEVELT AVE WARD MAGUIRE F DYBEE 353 E. LANDER AMERICAN FALL ID 83211 PO BOX 10 83201
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address: Please Correct If Not Correct CHRISTIANSEN IMPLEMENT COMP P.O. BOX 369 AMERICAN FALLS ID 83211		3. Organized Under the Laws of: ID C 48607
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)			
Office held	Name	Street or P.O. Address	City
PRESIDENT	H.J. CHRISTIANSEN	70. Box 458	Aberdeen
State	Zip		
ID	83210		
5. NATURE OF BUSINESS FARM/AG 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. Signature <u><i>Lynn Brown</i></u> Date <u>7-15-96</u> Name (Typed or Printed) <u>LYNN BROWN</u> Title <u>BOOKKEEPER</u>	

ISSUED: 07-06-1995

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