

## INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-01-1993

No. 98525	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																									
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1993		IRA E POWERS 27027 PIONEER RD  PARMA ID 83660																									
	1. Mailing Address — Please Correct, If Not Correct  WHITE RIVER HONEY CO., INC. IRA E POWERS PO BOX 686  PARMA ID 83660		3. Incorporated Under The Laws of ID NO: 98525																									
4. Names and Addresses of Officers and Directors <b>MUST BE PRINTED OR TYPED</b> <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>Ina Powers</td> <td>P.O. Box 565</td> <td>PARMA</td> <td>Id</td> <td>83660</td> </tr> <tr> <td>Secretary:</td> <td>Helen Powers</td> <td>" "</td> <td>" "</td> <td>" "</td> <td>" "</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	Ina Powers	P.O. Box 565	PARMA	Id	83660	Secretary:	Helen Powers	" "	" "	" "	" "	Directors:					
	Name	Street or P.O. Address	City	State	Zip																							
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Secretary:	Helen Powers	" "	" "	" "	" "																							
Directors:																												
5. Nature of Business  Honey	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  <table border="1"> <tr> <td>Signature</td> <td><i>Ina Powers</i></td> <td>Date</td> <td>7-26-93</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>IRA Powers</td> <td>Title</td> <td>MEM</td> </tr> </table>				Signature	<i>Ina Powers</i>	Date	7-26-93	Name (Typed or Printed)	IRA Powers	Title	MEM																
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