

No. <b>C 90145</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1996</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, if Not Correct		TOM OLSEN 228 SOUTH COLE ROAD  BOISE ID 83709													
	EQUILIFE CORPORATION TOM OLSEN 228 S COLE RD		3. Organized Under the Laws of:  ID C 90145													
* FIRST NOTICE *																
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																
<table border="1"> <thead> <tr> <th>Office held</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>PRES.</td> <td>TOM OLSEN</td> <td>228 SO. COLE</td> <td>BOISE</td> <td>IDAHO</td> <td>83709</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRES.	TOM OLSEN	228 SO. COLE	BOISE	IDAHO	83709
Office held	Name	Street or P.O. Address	City	State	Zip											
PRES.	TOM OLSEN	228 SO. COLE	BOISE	IDAHO	83709											
5. NATURE OF BUSINESS  WHOLESALE HORSE SUPPLEMENTS		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>Diane Perry</i></u> Date <u>7/16/96</u> Name (Typed or Printed) <u>Diane Perry</u> Title <u>Secy</u>														
ISSUED: 07-06-1996		22425														