

No. <b>C 57466</b>	<b>Annual Report Form</b> <i>Due No Later Than November 30,</i> <b>1996</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>GERRI WELLARD</b> <b>MERRICK RD. BOX 698</b>  <b>LAVA HOT SPR ID 83246</b>
Return to: <b>SECRETARY OF STATE</b> <b>700 WEST JEFFERSON</b> <b>PO BOX 83720</b> <b>BOISE, ID 83720-0080</b>  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  <b>WELLARD ENTERPRISES, INC.</b> <b>DWAINE G. WELLARD</b> <b>P.O. BOX 698</b>  <b>LAVA HOT SPRING ID 83246</b>		3. Organized Under the Laws of:  <b>ID</b> <b>C 57466</b>
* <b>FIRST NOTICE *</b>			
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (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	Dwayne G. Wellard	PO Box 698	Lava Hot Spring ID 83246
Secretary	Berri Wellard	PO Box 698	Lava Hot Spring ID 83246
5. <b>NATURE OF BUSINESS</b> <b>Health Equipment &amp; Products Sales</b> <b>VERMICULTURE</b>		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>Berri Wellard</u> Date <u>10-14-96</u> Name (Typed or Printed) <u>Berri Wellard</u> Title <u>Secretary</u>	

ISSUED: 07-06-1996

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