

No. <b>C 61519</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>  <b>ALBERT NELSON</b> <b>116 S CENTER</b>  <b>TETON ID 83451</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  <b>HOMESTEAD FARMS, INC.</b> <b>ALBERT JAY NELSON</b> <b>30X 300</b>  <b>TETON ID 83451</b>		3. Organized Under the Laws of:  <b>ID C 61519</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>
PRES + DIRECTOR	ALBERT NELSON	Box 300	TETON	ID	83451
Sec + DIRECTOR	JOAN NELSON	Box 300	TETON	ID	83451
DIRECTOR	LORI NELSON	Box 300	TETON	ID	83451
5. <b>NATURE OF BUSINESS</b>  <b>FARMING</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>Albert Nelson</u> Date <u>9-4-96</u> Name (Typed or Printed) <u>ALBERT NELSON</u> Title <u>PRESIDENT</u>			

ISSUED: 07-06-1996

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