

INSTRUCTIONS ON REVERSE SIDE

No. 65149	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	1 Mailing Address Please Correct If Not Correct		JOHN DEWEY 397 W. COLLINS SIDING BLACKFOOT ID 83221																									
	DEWEY IRRIGATION, INC. JOHN DEWEY P. O. BOX 221 BLACKFOOT ID 83221 0000		3. Incorporated Under The Laws of NO: 065149																									
4. Names and Addresses of Officers and Directors																												
<table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>John Dewey</td> <td>689 W. 179 N.</td> <td>Blackfoot,</td> <td>Id</td> <td>83221</td> </tr> <tr> <td>Secretary:</td> <td>Maxine Dewey</td> <td>689 W. 179 N.</td> <td>Blackfoot,</td> <td>Id.</td> <td>83221</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	John Dewey	689 W. 179 N.	Blackfoot,	Id	83221	Secretary:	Maxine Dewey	689 W. 179 N.	Blackfoot,	Id.	83221	Directors:					
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Directors:																												
5. Nature of 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.																										
Irrigation		<table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td>Name (Typed) John Dewey</td> <td>10-7-91 President</td> </tr> </table>			Signature	Date	Name (Typed) John Dewey	10-7-91 President																				
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