

4. Names and Addresses of Officers and Directors				
Name	Street or P.O. Address	City	State	Postal Code
President: DARRELL G. RICHARDS	Box 42	ARCO	ID.	83213
Secretary: DIANNA CUMMINS	2772 ELIZABETH	TWIN FALLS	ID.	83301
Directors:				

5. Nature of Business GROCERY	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>Darrell G. Richards</u> Date <u>11-2-92</u> Name (Typed or Printed) <u>DARRELL G. RICHARDS</u> Title <u>PRES.</u>	7. I certify that the information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).
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