No. **C 50497**	**Due no later than Dec 31, 2011**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** KARL VAN BUREN FARM CO. DONALD VAN BUREN 512 TAMMANY CREEK ROAD LEWISTON ID 83501 USA	DONALD K VAN BUREN 512 TAMMANY CREEK ROAD LEWISTON ID 83501 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	DAVID K VAN BUREN	446 SOUTHPORT AVENUE	LEWISTON	ID	USA	83501
DIRECTOR	BRUCE A VAN BUREN	93 SAGEBRUSH LANE	LEWISTON	ID	USA	83501
DIRECTOR	RONALD L VAN BUREN	89 SAGEBRUSH LANE	LEWISTON	ID	USA	83501
DIRECTOR	GERALD F VAN BUREN	618 TAMMANY CREEK ROAD	LEWISTON	ID	USA	83501
DIRECTOR	MILDRED A OLDEN	14416 S E 143RD PLACE	RENTON	WA	USA	98059
SECRETARY	BARBARA L VAN BUREN	512 TAMMANY CREEK ROAD	LEWISTON	ID	USA	83501
PRESIDENT	DONALD K VAN BUREN	512 TAMMANY CREEK ROAD	LEWISTON	ID	USA	83501

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 50497**	Signature: Barbara L. Van Buren Name (type or print): Barbara L. Van Buren	Date: 11/20/2011 Title: Secretary

Processed 11/20/2011

* Electronically provided signatures are accepted as original signatures.