




No. 002273	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1987		2. Registered Agent and Office																																				
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 SEC. OF STATE 87 OCT 20 AM 8 55	1. Mailing Address — Please Correct 002273		DELOSS STOKER 750 L. 500 S. BURLEY, IDAHO 83318																																				
	INTERNATIONAL MARKETING & DISTRI DELOSS STOKER RT 3, BOX 3289 BURLEY, IDAHO 83318																																						
3. Incorporated Under The Laws of STATE OF IDAHO OCT 20 1987																																							
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Deloss C. Stoker</td> <td>Rt. 3 Box 3289</td> <td>Burley</td> <td>ID</td> <td>833</td> </tr> <tr> <td>Secretary:</td> <td>Lavel D. Stoker</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td>Deloss C. Stoker</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Lavel D. Stoker</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Delores B. Stoker</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President:	Deloss C. Stoker	Rt. 3 Box 3289	Burley	ID	833	Secretary:	Lavel D. Stoker					Directors:	Deloss C. Stoker						Lavel D. Stoker						Delores B. Stoker				
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5. Nature of Business Farming	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td>           Deloss C. Stoker       </td> <td>Oct. 17, 1987</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td>Deloss C. Stoker</td> <td>Pres.</td> </tr> </table>			Signature	Date	 Deloss C. Stoker	Oct. 17, 1987	Name (Typed or Printed)	Title	Deloss C. Stoker	Pres.																												
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