

No. W 2751	Due no later than Aug 31, 2000	2. Registered Agent and Office 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	F WARREN CARNEFIX																		
	1. Mailing Address - Correct in this box, if applicable FWC FARMS, LLC F WARREN CARNEFIX PO BOX 332 FRUITLAND, ID 83619	301 HWY 95 FRUITLAND, ID 83619																		
4. Limited Liability Companies: Enter Names and Addresses of Members.		3. <u>New</u> Registered Agent Signature																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MEMBER/MANAGER</td> <td>F. WARREN CARNEFIX</td> <td>P.O. BOX 423</td> <td>FRUITLAND</td> <td>ID</td> <td>83619</td> </tr> <tr> <td>MEMBER</td> <td>MARGARET CARNEFIX</td> <td>P.O. BOX 423</td> <td>FRUITLAND</td> <td>ID</td> <td>83619</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MEMBER/MANAGER	F. WARREN CARNEFIX	P.O. BOX 423	FRUITLAND	ID	83619	MEMBER	MARGARET CARNEFIX	P.O. BOX 423	FRUITLAND	ID	83619
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MEMBER	MARGARET CARNEFIX	P.O. BOX 423	FRUITLAND	ID	83619															
5. Organized Under the Laws of: IDAHO W 2751	6. Signature <u>F. Warren Carnefix</u> Date <u>7-31-00</u> Name <small>(Typed or Printed)</small> <u>F. WARREN CARNEFIX</u> Title: <u>MEMBER/MANAGER</u> X MARK																			