50538	INSTRUCTIONS ON REVERSE SIDE Idaho Corporation Annual Report Form			I SSUED JULY 1, 1989 2. Registered Agent and Office LELAND M. SABIN		
No.						
Poom 2021 Cristaliance	Due No Later Than November 1,1989			RT 1 BOX 1360		
	1. Mailing Address — Please Correct 50538					
	SABIN FARMS INC.		PAUL	ID 83		
Boise, 1983789 STATE	LELAND SABIN					
*	* 7 m	50		3. Incorporated Und	ler The Laws	•
Nog fill Ben intog	MAUL IDAHO ID 83347		of TDAHO			
MO LEST TRANSPORTED	160L 10AA0	1.V	03341		NO:	5053
1. Names and Addresses of Office	rs and Directors					2
	Name	Street or P.O.	Address	<u>City</u>	State	Zip
President: Leland M.	Sabin	Rt.1 Box	360	Paul	Ida	8 334
Secretary: Marthena J Directors:	Sabin	Rt 1 Box1	360	Paul	Ida.	8334
						•
	*					
					·	
					•	
•			•			
5. Nature of Business	6 Loortify	that this Annual Repo	rt hae heen evan	ained by me and is to	the heet of my k	nowledge
/	true, coi	rrect and complete.	(triad boot) oxall	miled by me and ie to		
1	Signature	Marthena 1	Saben	Date	7/10/89	
farming	Name (Type	do Marthena 5	Sabin	Title	Sec.	
	* T			. 4		