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|---|---|--|-------------|---|-------|
| No. <b>C 57799</b>  | <b>Annual Report Form</b><br><i>Due No Later Than November 30,</i>  |  | <b>1999</b> | 2. Registered Agent and Office <b>NOT A P.O. BOX</b><br><br><b>CHARLES M. RICE</b><br><del>355 W. 14TH ST.</del><br><b>3505 Sun Circle</b><br><b>IDAHO FALLS ID 83404</b> |       |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FEE REQUIRED</b><br><br><b>* FIRST NOTICE *</b>   | 1. Mailing Address - Please Correct, If Not Correct   |  |             | 3. Organized Under the Laws of:<br><br>ID <b>C 57799</b>  |       |
|   | <b>RICE, INC.</b><br><b>CHARLES M. RICE</b><br><del>355 W. 14TH STREET</del><br><b>3505 Sun Circle</b><br><b>IDAHO FALLS ID 83404</b> |  |             |   |       |
| 4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b><br>Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one) |   |  |             |   |       |
| Office held   | Name  | Street or P.O. Address   | City        | State   | Zip   |
| Pres.   | Charles M. Rice   | 3505 Sun Circle  | Idaho Falls | ID  | 83404 |
| Sect.   | Lois K Nickerson  | 369 So. Eastern  | IF          | ID  | 83402 |
| 5. Signature of New Registered Agent  |   | 6. Signature <u><i>CM Rice</i></u> Date <u>7/27/99</u><br>Name (Typed or Printed) <u>CM RICE</u> Title <u>TRES</u> |             |   |       |

ISSUED: 07-03-1999

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