

No. 065510	Idaho Corporation Annual Report Form		2. Registered Agent and Office																					
Return To <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  RECEIVED SEC. OF STATE 87 JUL 14 PM 3:04	Due No Later Than November 1, 1987		G. R. DROWN RT. 1 FILER, IDAH 83328  3. Incorporated Under The Laws of  STATE OF IDAHO																					
	1. Mailing Address — Please Correct 065510  G. R. DROWN, INC. G. R. DROWN ROUTE 1 FILER, IDAHO 83328																							
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th data-bbox="34 399 409 430">Name</th> <th data-bbox="414 399 1058 430">Street or P.O. Address</th> <th data-bbox="1063 399 1318 430">City</th> <th data-bbox="1323 399 1483 430">State</th> <th data-bbox="1488 399 1609 430">Zip</th> </tr> </thead> <tbody> <tr> <td data-bbox="34 441 409 473">President:</td> <td data-bbox="414 441 1058 473">Garford R. Drown</td> <td data-bbox="1063 441 1318 473">Filer</td> <td data-bbox="1323 441 1483 473">Idaho</td> <td data-bbox="1488 441 1609 473">83325</td> </tr> <tr> <td data-bbox="34 478 409 510">Secretary:</td> <td data-bbox="414 478 1058 510">Maxine Drown</td> <td data-bbox="1063 478 1318 510">"</td> <td data-bbox="1323 478 1483 510">"</td> <td data-bbox="1488 478 1609 510">"</td> </tr> <tr> <td data-bbox="34 516 409 547">Directors:</td> <td data-bbox="414 516 1058 547"></td> <td data-bbox="1063 516 1318 547"></td> <td data-bbox="1323 516 1483 547"></td> <td data-bbox="1488 516 1609 547"></td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President:	Garford R. Drown	Filer	Idaho	83325	Secretary:	Maxine Drown	"	"	"	Directors:				
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Secretary:	Maxine Drown	"	"	"																				
Directors:																								
5. Nature of Business  Farm + Dairy	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 data-bbox="530 899 1058 931">Signature</td> <td data-bbox="1063 899 1609 931">Date</td> </tr> <tr> <td data-bbox="530 934 1058 963">Name (Typed or Printed)</td> <td data-bbox="1063 934 1609 963">Title</td> </tr> <tr> <td data-bbox="530 899 1058 963">Maxine Drown</td> <td data-bbox="1063 899 1609 963">7-10-87 Secretary</td> </tr> </table>				Signature	Date	Name (Typed or Printed)	Title	Maxine Drown	7-10-87 Secretary														
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