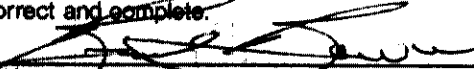


INSTRUCTIONS ON REVERSE SIDE

No. 84510	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX B. BOWEN TODD CLEMENT PO BOX 39 RT 6 Box 365 IDAHO FALLS LEWISVILLE ID 83401																								
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address Please Correct If Not Correct C-A LIVESTOCK, INC. PO BOX 39 LEWISVILLE ID 83431		3. Incorporated Under The Laws of ID NO: 084510																								
	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>T Ross CLEMENT</td> <td>1002 W. ELVA</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83401</td> </tr> <tr> <td>Secretary:</td> <td>TOM ANDERSON</td> <td>2155 S. FAIRWAY</td> <td>BOCATELLO, ID.</td> <td></td> <td>83701</td> </tr> <tr> <td>Directors:</td> <td>B. Bowen</td> <td>RT 6 Box 365</td> <td>IDAHO FALLS</td> <td>ID.</td> <td>83401</td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President:	T Ross CLEMENT	1002 W. ELVA	IDAHO FALLS	ID	83401	Secretary:	TOM ANDERSON	2155 S. FAIRWAY	BOCATELLO, ID.		83701	Directors:	B. Bowen	RT 6 Box 365	IDAHO FALLS	ID.
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5. Nature of Business FEED YARD	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature  Name (Printed or Typed) BRAD BOWEN Date 7/17/91 Title DIRECTOR																										