

No. C 129379	Due no later than Jun 30, 2003 Annual Report Form	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	1. Mailing Address - Correct in this box, if applicable	DR. MICHAEL D. LEWIS 309 COVE CR FRUITLAND, ID 83619																		
	AGRICULTURAL INFORMATION RESOURCES, DR. MICHAEL D. LEWIS 309 QUAIL COVE CR FRUITLAND, ID 83619																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <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>Pres.</td> <td>Dr. Michael D. Lewis</td> <td>309 Quail Cove Circle</td> <td>Fruitland</td> <td>ID</td> <td>83619</td> </tr> <tr> <td>Secy.</td> <td>Rita S. Lewis</td> <td>309 Quail Cove Circle</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>	Pres.	Dr. Michael D. Lewis	309 Quail Cove Circle	Fruitland	ID	83619	Secy.	Rita S. Lewis	309 Quail Cove Circle	Fruitland	ID	83619
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5. Organized Under the Laws of: IDAHO C 129379	6. Signature <u>Michael D. Lewis</u> Name (Typed or Printed) <u>Michael D. Lewis</u> Date <u>4/21/03</u> Title <u>President</u>																			