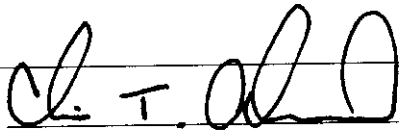


No. C 36727	Due no later than Aug 31, 2002		2. Registered Agent and Office NO PO BOX																									
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		CHRIS ABEND																									
	1. Mailing Address - Correct in this box, if applicable NONPAREIL DEHYDRATED POTATOES, INC. 40 NORTH 400 WEST, GROVELAND RD BLACKFOOT, ID 83221		40 NORTH 400 WEST, GROVELAND BLACKFOOT, ID 83221 3. <u>New</u> Registered Agent Signature																									
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																												
<table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Christopher T. Abend</td> <td>40 N. 400 W.</td> <td>Blackfoot,</td> <td>ID</td> <td>83221</td> </tr> <tr> <td>Secretary</td> <td>Eileen Abend</td> <td>130 N. 400 W.</td> <td>Blackfoot,</td> <td>ID</td> <td>83221</td> </tr> <tr> <td>Director</td> <td>Randi Phillips</td> <td>132 N. 400 W.</td> <td>Blackfoot,</td> <td>ID</td> <td>83221</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>	President	Christopher T. Abend	40 N. 400 W.	Blackfoot,	ID	83221	Secretary	Eileen Abend	130 N. 400 W.	Blackfoot,	ID	83221	Director	Randi Phillips	132 N. 400 W.	Blackfoot,	ID	83221
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5. Organized Under the Laws of: IDAHO C 36727	6. Signature  Date _____ Name <small>(Typed or Printed)</small> Christopher T. Abend Title President																											