


No. <u>W 2490</u>	Annual Report Form Due No Later Than November 30, <u>1996</u>		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct ROCKY MOUNTAIN SPRAYERS LLC ROBERT DEMPSAY PO BOX 185		ROBERT DEMPSAY 210 E ELLIS ST PAUL ID 83347 3. Organized Under the Laws of:													
* FIRST NOTICE * PAUL ID 83347 ID W 2490																
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="0"> <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>Manager</td> <td>Robert Dempsay</td> <td>PO Box 185</td> <td>Paul</td> <td>ID</td> <td>83347</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>	Manager	Robert Dempsay	PO Box 185	Paul	ID	83347
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City-</u>	<u>State</u>	<u>Zip</u>											
Manager	Robert Dempsay	PO Box 185	Paul	ID	83347											
5. SIGNATURE OF CURRENT RA ANY LAWFUL		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 <u></u> Date <u>7-30-96</u> Name (Typed or Printed) <u>Robert Dempsay</u> Title <u>Mgr</u>														

ISSUED: 07-08-1995

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