| No. C 143143   | DUE NO LATER THAN MAR 31, 2009 Annual Report Form  |           | 2. Registered Agent and Office NO PO BOX                            |              |
|--|--|-----------|---|--------------|
| Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080    | 1. Mailing Address - Correct in this box. if a HI ENERGY LIQUI-FEED, INC. 1378 TARGHEE DR TWIN FALLS, ID 83301 | pplicable | ARLENE M MCC<br>1378 TARGHEE<br>TWIN FALLS, ID<br>3. New Registered | DR<br>83301  |
| NO FILING FEE IF RECEIVED BY DUE DATE  |  |           |   |              |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. |  |           |   |              |
| Office held Name   | Street or P.O. Address   | City      | <u>State</u>  | <u>Zip</u>   |
| President Arlene M.  | McClain 1378 Targhee Dr.   | Twin Fal  | ls Idahe  | 63301        |
|  |  | [         |   |              |
|  |  |           |   |              |
| 5. Organized Under the Laws of:<br>IDAHO   |  | =         | n_ Date _/  | <b>,</b>     |
| C 143143   | Name Printed ARIENS M.   | ME CLAI.  | VTitle_IA   | resident     |
| Issued 1/12/2009 by I  | KAH Do Not Tape or Stap  | 0         |   | 200903003251 |

\_\_\_

.--.

- -