

October 11, 1994

DEER FLAT FARMS, L.L.C.
RALPH W SEVY
16960 DEER FLAT RD
CALDWELL ID 83605

RE: DEER FLAT FARMS, L.L.C. File Number W 329

Dear Mr. Sevy:

Please find enclosed your recently submitted annual report for the 1994-1995 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

Please be certain that the name(s) and address(es) and the appropriate box in block 4 are complete. Idaho law requires that at least one (1) manager/member of the limited liability company be listed. Please make the appropriate corrections and resubmit the annual report to this office before December 1, 1994 to avoid cancellation.

The annual report must be signed by a manager/member of the limited liability company. A report signed by a registered agent, attorney or bookkeeper will not be accepted. Please make the corrections and resubmit the annual report to this office before December 1, 1994 to avoid cancellation.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 334-2301.

Very truly yours,

Tonya Herold
Corporate Division

Enclosures: cited

No. 329	Idaho Limited Liability Company Annual Report Form		2. Registered Agent and Office											
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 ★ FIRST NOTICE ★ NO FEE REQUIRED	Due No Later Than November 1, 1994		RALPH W SEVY 16960 DEER FLAT RD											
	1. Mailing Address — DEER FLAT FARMS, L.L.C. RALPH W SEVY 16960 DEER FLAT RD CALDWELL ID 83605		CALDWELL ID 83605 3. Organized Under The Laws of ID NO: 329											
4. Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)														
<table border="0"> <thead> <tr> <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 colspan="5" style="height: 300px;"></td> </tr> </tbody> </table>					<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>					
<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
5. Signature of the Current Registered Agent (if changed in block 2) _____		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="0"> <tr> <td>Signature</td> <td><i>Ralph W Sevy</i></td> <td>Date</td> <td><i>Oct 4, 1994</i></td> </tr> <tr> <td>Name (Typed or Printed)</td> <td colspan="3">RALPH W SEVY</td> </tr> </table>			Signature	<i>Ralph W Sevy</i>	Date	<i>Oct 4, 1994</i>	Name (Typed or Printed)	RALPH W SEVY				
Signature	<i>Ralph W Sevy</i>	Date	<i>Oct 4, 1994</i>											
Name (Typed or Printed)	RALPH W SEVY													