	. INST	NUCTIONS ON REVERSE SIDE		الأرا فيقت سا	
		oration Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX BARRY T. WILL AMS		
Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	1 Mailing Address - //w/ Color / // Address - //w/ Color / //w/ Color		ARBON IJ R5212 3. Incorporated Under The Laws of ID NO: 42797		
4. Names and Addresses of Officer	s and Directors	MUST BE PRINTED O	A TYPED		
President: D.T. W. Secretary: Barry T. W. Directors: Brad w.		Street or P.O. Address Bowen Ln 1277 Mink Creek Ro 33912 Mariposso		State Id Id Ca.	83315 83315 83315
5. Nature of Business Grazing	6. I certify true, co Signature Name Property	that this Annual Report has been exampled and complete.	Date / O -	best of my -9-93 wner	