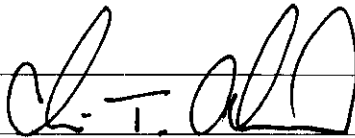


No. C 36727	Due no later than Aug 31, 2000 Annual Report Form		2. Registered Agent and Office NO PO BOX																									
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable NONPAREIL DEHYDRATED POTATOES, INC. 40 NORTH 400 WEST, GROVELAND RD BLACKFOOT, ID 83221		CHRIS ABEND 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  Name <small>(Typed or Printed)</small> Christopher T. Abend			Date 08-31-00 Title: XXXX President																							