

| No. C100576  | Annual Report Form<br>Due No Later Than November 30, 1996   |  | 2. Registered Agent and Office NOT A P.O. BOX  |       |             |      |                        |      |       |     |           |                |              |              |     |       |           |                 |   |   |   |   |
|--|---|--|--|-------|-------------|------|------------------------|------|-------|-----|-----------|----------------|--------------|--------------|-----|-------|-----------|-----------------|---|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FEE REQUIRED</b><br><br><b>* FIRST NOTICE *</b>  | 1. Mailing Address - Please Correct, If Not Correct<br><br>DR FARMS, INC.<br>DIRK W. PARKINSON<br>P O BOX 217<br><br>NEWDALE ID 83436 |  | DIRK W. PARKINSON<br>3425 E 450 N<br><br>ST ANTHONY, ID 83445<br><br>3. Organized Under the Laws of:<br><br>ID C100576 |       |             |      |                        |      |       |     |           |                |              |              |     |       |           |                 |   |   |   |   |
| 4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b><br>Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)   |   |  |  |       |             |      |                        |      |       |     |           |                |              |              |     |       |           |                 |   |   |   |   |
| <table border="1"> <thead> <tr> <th data-bbox="54 665 553 696">Office held</th> <th data-bbox="553 665 883 696">Name</th> <th data-bbox="883 665 1115 696">Street or P.O. Address</th> <th data-bbox="1115 665 1230 696">City</th> <th data-bbox="1230 665 1346 696">State</th> <th data-bbox="1346 665 1490 696">Zip</th> </tr> </thead> <tbody> <tr> <td data-bbox="54 696 553 728">President</td> <td data-bbox="553 696 883 728">Dirk Parkinson</td> <td data-bbox="883 696 1115 728">3425 E 450 N</td> <td data-bbox="1115 696 1230 728">ST. Anthony,</td> <td data-bbox="1230 696 1346 728">Id.</td> <td data-bbox="1346 696 1490 728">83445</td> </tr> <tr> <td data-bbox="54 728 553 760">Secretary</td> <td data-bbox="553 728 883 760">Robyn Parkinson</td> <td data-bbox="883 728 1115 760">"</td> <td data-bbox="1115 728 1230 760">"</td> <td data-bbox="1230 728 1346 760">"</td> <td data-bbox="1346 728 1490 760">"</td> </tr> </tbody> </table> |   |  |  |       | Office held | Name | Street or P.O. Address | City | State | Zip | President | Dirk Parkinson | 3425 E 450 N | ST. Anthony, | Id. | 83445 | Secretary | Robyn Parkinson | " | " | " | " |
| Office held  | Name  | Street or P.O. Address   | City   | State | Zip         |      |                        |      |       |     |           |                |              |              |     |       |           |                 |   |   |   |   |
| President  | Dirk Parkinson  | 3425 E 450 N   | ST. Anthony,   | Id.   | 83445       |      |                        |      |       |     |           |                |              |              |     |       |           |                 |   |   |   |   |
| Secretary  | Robyn Parkinson   | "  | "  | "     | "           |      |                        |      |       |     |           |                |              |              |     |       |           |                 |   |   |   |   |
| 5. NATURE OF BUSINESS<br><br>FARMING   |   | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br>Signature <u>Dirk Parkinson</u> Date <u>7-24-96</u><br>Name (Typed or Printed) <u>Dirk Parkinson</u> Title <u>President</u> |  |       |             |      |                        |      |       |     |           |                |              |              |     |       |           |                 |   |   |   |   |

ISSUED: 07-06-1996

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