

REPORT FOR **1980** DUE JULY 1, **1980**

STANDING: **GOOD**

SECTION A

502 564-7330

ANNUAL REPORT
OFFICE OF THE SECRETARY OF STATE
CORPORATE RECORDS SECTION
CAPITOL BUILDING
FRANKFORT, KENTUCKY 40601

SECTION B
CORRECTIONS AND ADDITIONS (PLEASE TYPE)
USE THIS SECTION ONLY TO CHANGE OR ADD
INFORMATION MISSING IN SECTION "A"

(1) RECORD NO. **118433**

(2) DATE OF INCORPORATION
OR CERTIFICATE OF AUTH. **06-07-70**

(3) STATE OF INCORPORATION **KENTUCKY**

(4) PROCESS AGENT
**C. T. HORN, JR., 315 BLDG.,
LOUISVILLE, KY. 40202**

(5) EXACT CORPORATE NAME
BUCKHORN FARMS INC.

(6) MAILING ADDRESS
**C. T. HORN, JR., 315
KY. HOME LIFE BLDG.,
LOUISVILLE, KY. 40202**

FOR OFFICE USE ONLY **034869**

(2) DATE OF INCORP

STATE OF INCORPORATION

(4) PROCESS AGENT

SECRETARY OF STATE

IF YOU PLEASE, RETURN TO THE APPROPRIATE FORMS

JUN 30 1980

OK. S. [Signature]

(5) MAILING ADDRESS

Commonwealth of Kentucky

PLEASE INCLUDE ZIP CODE HERE

PLEASE NOTE IF YOU ARE A KRS CHAPTER 27 CORPORATION/PROFESSIONAL SERVICE CORPORATION, PLEASE SEE REVERSE SIDE OF THIS REPORT

PLEASE MAKE NECESSARY CORRECTIONS SIGN FORM AND SEND YELLOW COPY WITH YOUR ANNUAL FEE OF (1) CHECKS PAYABLE TO KENTUCKY STATE

TREASURER IN THE ENCLOSED ENVELOPE RETAIN GREEN COPY FOR YOUR RECORDS I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT I FURTHER DECLARE THAT I AM AUTHORIZED TO SIGN THIS REPORT FOR THIS ENTITY

AUTHORIZED SIGNATURE

[Signature]

TITLE **Vice President** TELEPHONE NO **248-5500**

THIS FORM HAS BEEN REVISED TO COMPLY WITH POSTAL REGULATIONS. PLEASE RETURN THIS COPY WITH FILING FEE