

## STATE OF ARIZONA **CORPORATION COMMISSION CORPORATION ANNUAL REPORT** & CERTIFICATE OF DISCLOSURE



**FILING FEE** 

PLEASE READ ALL INSTRUCTIONS. The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§ 10-121(A) & 10-3121(A). YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM. Make changes or corrections where necessary.

formation for the report shoul	d reflect the current stat	us of the corporation.	•
-0527953-9 BLAIR FARMS, INC 76 FRANKLIN ROA VIRDEN, NM 8804.	D C	pre ag 191	JUL 28 2014  ARIZONA CORP. COMMISSION CORPORATIONS DIVISION
Business Phone:	MEN MENTOO	(Business phone is optional.)	PROFIT
State of Domicile: _	NEW MEXICO	_ Type of Corporation: _	
•	JANE WYATT 56 S. HIGHWAY 191 AFFORD AZ 85546	Statutory Agent's t	Street, or Physical Address, If Different.
ACC USE ONLY Fee \$		ew statutory agent, the new ager	nt MUST consent to that ent address must be in Arizona.
Penalty 5Reinstate\$	I. (Individual) or We. (coru		ing been designated the new Statutory Agent, ation pursuant to law.
Expedite \$	Sign	nature of new Statutory Agent	RECEIVED
Resubmit\$		A. J. M	SEP 0 5 2014
	Field	ited Name of <i>new</i> Statutory Agent	
Secondary Address:  (Foreign Corporations are <u>RE</u> to complete this section			ARIZONA CORP. COMMISSI CORPORATIONS DIVISION
BUSINESS CORPORATIO  1. Accounting 2. Advertising 3. Aerospace 4. Agriculture 5. Architecture 6. Banking/Finance 7. Barbers/Cosmetology 8. Construction 9. Contractor 10. Credit/Collection 11. Education 12. Engineering 13. Entertainment 14. General Consulting 15. Health Care 16. Hotel/Motel		1, 2 2, 7 3, 7 4, 7 5, 8 6, 9, 7 10, 9 11, 9 12, 8 13, 9 14, 9 15, 16, 16, 16, 16, 16, 16, 16, 16, 16, 16	NESS of your corporation.  N-PROFIT CORPORATIONS  Charitable Benevolent Educational Civic Political Religious Social Ulterary Cultural Athletic Science/Research Hospital/Health Care Agricultural Cooperative Marketing Association Animal Husbandry Homeowner's Association Professional, commercial

= 18. Insurance

19. Legal Services

= 37. Veterinary Medicine/Animal Care

□ 38, Other

industrial or trade association

18. COher\_

3. CAPITALIZATION.	Business Trusts are <u>REQUIRED</u> to complete this section.)
Business trusts must indicate the number of transferestate.	able certificates held by trustees evidencing their beneficial interest in the trust
5a. Please examine the corporation's original Article Number of Shares/Certificates Authorized	es of Incorporation for the amount of shares authorized.  Class Series Within Class (if any)
30,000	COMMON
	ne if the original number of shares has changed. Examine the corporation's
minutes for the number of shares issued.  Number of Shares/Certificates Issued	Class Series Within Class (if any)
30,000	СОММОХ
6. SHAREHOLDERS: (For-profit Corporations and Br	usiness Trusts are REQUIRED to complete this section.)
List shareholders holding more than 20% of any claimterest in the corporation.	ss of shares issued by the corporation, or having more than a 20% beneficial
Name: JOE E. BLAIR	Name:
NONE	
Name:	Name:
7. <u>OFFICERS</u> Name: JOE E. BLAIR	Name: C. JANE WYATT
Title: PRESIDENT	Title: SECRETARY
Address: 76 FRANKLIN ROAD	Address: 5256 S. HIGHWAY 191
Addiess	, idologo,
VERDEN, NM 88045	SAFFORD, AZ 85546
Date taking office: 1/12/1994	Date taking office: 1/1/1994
Name: C. JANE WYATT	Name: ALLIE W. BLAIR
Title: TREASURER	Title: VICE-PRESIDENT
Address: 5256 S. HIGHWAY 191	Address: PO BOX 1090 220 HOMESTEAD LN
CAPEODD 47 95546	DRIPPING SPRINGS, TX 78620
SAFFORD, AZ 85546	
Date taking office: 1/1/1994	Date taking office: 6/18/2011
8. <u>DIRECTORS</u> Name: C. JANE WYATT	Name: ALLIE W. BLAIR
Name: C. JANE WYATT  Address: 5256 S. HIGHWAY 191	Address: PO BOX 1090 220 HOMESTEAD LN
Address: 3230 B. III OII WAT 171	Address. 10 Box 1000 220 110 110
SAFFORD, AZ 85546	DRIPPING SPRINGS, TX 78620
Date taking office: 6/18/2011	Date taking office: 6/18/2011
Name: JOE E. BLAIR	Name:
Address: 76 FRANKLIN ROAD	Address:
TANDAL AND AND AND	
VIRDEN, NM 88045	
Date taking office: 1/12/1994	Date taking office:

Please Enter Corporation Name:		File number Page	3
9. <u>FiNANCIAL DISCLOSURE</u> (A.R.S. §10-11622(A)(9))  Nonprofits — if your annual report is due on or before September 25, 200 balance sheet including assets, liabilities). If your nonprofit annual report Cooperative marketing associations must in all cases submit a finantinancial statement no matter what date the annual report was due.	t is due a	after September 25, 2008, a financial statement is not require	æd.
ONLY NONPROFIT CORPORATIONS MUST ANSWER THIS QUEST	<u>ION:</u>	anting BOES III BOES NOT Fibrary member	
	=	ration DOES D DOES NOT have member	5.
10. CERTIFICATE OF DISCLOSURE (A.R.S. §§ 10-202(D), 10-3202(D). A. Has any person who is currently an officer, director, trustee, incorporation of the issued and outstanding common shares or 10% of any been:	orator, or	r who, in a For-profit corporation, controls or holds more than	1
<ol> <li>Convicted of a felony involving a transaction in securities, consumer period immediately preceding the execution of this certificate?</li> <li>Convicted of a felony, the essential elements of which consisted of</li> </ol>			
monopoly in any state or federal jurisdiction within the seven year p.  3. Subject to an injunction, judgment, decree or permanent order of all preceding execution of this certificate where such injunction, judgment (a) fraud or registration provisions of the securities laws of that (b) the consumer fraud laws of that jurisdiction, or	period im ny state d nent, dec	mediately preceding execution of this certificate? or federal court entered within the seven year period immediate cree or permanent order involved the violation of:	
(c) the antitrust or restraint of trade laws of that jurisdiction?	_	AL STATE VEGET NOST	
	<u>Or</u>	ne box must be marked: YES □ NO 🗵	
If "YES" to A, the following information must be submitted as a actions stated in Items 1 through 3 above.	an attach	ment to this report for each person subject to one of more of u	16
Full birth name.	5.	Date and location of birth.	
Full present name and prior names used.	6.	The nature and description of each conviction or judici action; the date and location; the court and public agence	
<ol> <li>Present home address.</li> <li>All prior addresses for immediately preceding 7 year period.</li> </ol>		involved; and the file or cause number of the case.	13
B. Has any person who is currently an officer, director, trustee, incorporate the issued and outstanding common shares, or 20% of any other print in any such capacity or held a 20% interest in any other corporation.	proprietar non the l	ry, beneficial or membership interest in the corporation, serve bankruptcy or receivership of that other corporation?	of d
If "YES" to B, the following information must be submitted at statement above.		te box must be marked: YES I NO I chment to this report for each corporation subject to the	
<ul> <li>(a) Name and address of each corporation and the persons in</li> <li>(b) State(s) in which it: (i) was incorporated and (ii) transacte</li> <li>(c) Dates of corporate operation.</li> </ul>		988.	
	10.1822	£ 10 11823)	
11. STATEMENT OF BANKRUPTCY OR RECEIVERSHIP (A.R.S. §§			
<ul> <li>A. Has the <u>corporation</u> filed a petition for bankruptcy or appointed a rif "Yes" to A, the following information <u>must be submitted</u> as a 1. All officers, directors, trustees and major stockholders of the cappointment of a receiver. If a major stockholder is a corporate board of directors and major stockholders of such corporate controlling twenty per cent of the issued and outstanding shall interest in the corporation.</li> </ul>	an attach corporati tion, the stockhol	nment to this report: ion within one year of filing the petition for bankruptcy or the statement shall list the current president, chairman of the der. "Major stockholder" means a shareholder possessing or	
	a ar mai	ior stockholder of any other corporation within one year of the	<b>.</b>
<ol><li>Whether any such person has been an officer, director, trusted bankruptcy or receivership of the other corporation. If so, for officer.</li></ol>			•
(a) Name and address of each corporation;	oden ode	o postade i gran	
(b) States in which it. (i) was incorporated and (ii) tra	nsacted	business.	
(c) Dates of operation.			
	hy at les	ast one duly authorized officer or they will be rejected.	
I declare, under penalty of perjury, that all corporate income tax retu filed with the Arizona Department of Revenue. I further declare und certificate, including any attachments, and to the best of my (our) is	irns requier pena (nowled	uired by Title 43 of the Arizona Revised Statutes have been wity of perjury that I (we) have examined this report and the ige and belief they are true, correct and complete.	1 <del>6</del> ∌U
Name_JOE BLAIRDate 7/25/14/ Nar	ne	Date	
Title_PRESIDENTTitl	e		
Title PRESIDENT Titl (Signator(s) must be duly authorized corporate	te office	r(s) listed in section 7 of this report.)	