

the Trustee has requested as part of the sale. Travelers has been advised by its counsel that additional attorneys' fees for which it has not received a billing statement comprise attorneys' fees due to discussions with Ron Schoen regarding the Motion of Sale, discussions with Howard Foley regarding the status of the bankruptcy and discussions with Land View Fertilizer regarding its position on the Motion to Sell. Travelers' counsel advises that the attorneys' fees and costs so incurred will total approximately \$1,000.

FURTHER YOUR AFFIANT SAYETH NOT.

Dated this 3rd day of August, 1998.

David Dunlap V.P.
David Dunlap

SUBSCRIBED AND SWORN to before me this _____ day of August, 1998.

Notary Public for California
Residing at _____
My Commission expires: _____

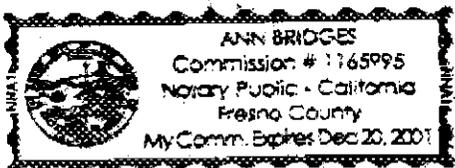
CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California }
County of FRESNO } ss.

On August 3, 1998 before me, Ann Bridges Notary Public
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")
personally appeared DAVID DEVLAP
Name(s) of Signer(s)

personally known to me
 proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Ann Bridges
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

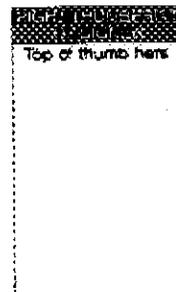
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

Signer is Representing: _____



CERTIFICATE OF SERVICE

I hereby certify that on August 3, 1998 I caused to be served a true and correct copy of the foregoing to each of the persons named below by the method indicated below each of their names.

Howard R. Foley
FOLEY & FREEMAN
77 E. Idaho Street, Suite 300
P.O. Box 10
Meridian, ID 83680
 U.S. Mail Fax By hand Overnight

Julie Klein Fischer
White Peterson Pruss Morrow & Gigray
104 9th Avenue S
P.O. Box 247
Nampa, ID 83653-0247
 U.S. Mail Fax By hand Overnight

Ronald D. Schoen
Standing Chapter 12 Trustee
P.O. Box 216
Payette, ID 83661
 U.S. Mail Fax By hand Overnight

Office of the U.S. Trustee
304 N. 8th St., Suite 347
P.O. Box 110
Boise, ID 83701
 U.S. Mail Fax By hand Overnight



Ramona S. Neal