

No. 62745	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX																								
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address: <i>Please Correct If Not Correct</i> MAGIC VALLEY DAIRY SUPPLIES WAYNE HAWKINS 304 SOUTH 230 WEST JEROME ID 83338	WAYNE JAY HAWKINS 304 SOUTH 230 WEST JEROME ID 83338 3. Incorporated Under The Laws of ID NO: 062745																								
4. Names and Addresses of Officers and Directors																										
<table border="1"> <thead> <tr> <th data-bbox="34 391 297 455"></th> <th data-bbox="297 391 693 455"><u>Name</u></th> <th data-bbox="693 391 1123 455"><u>Street or P.O. Address</u></th> <th data-bbox="1123 391 1338 455"><u>City</u></th> <th data-bbox="1338 391 1453 455"><u>State</u></th> <th data-bbox="1453 391 1614 455"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="34 455 297 487">President:</td> <td data-bbox="297 455 693 487">Wayne Hawkins</td> <td data-bbox="693 455 1123 487">304 S. 230 W.</td> <td data-bbox="1123 455 1338 487">Jerome</td> <td data-bbox="1338 455 1453 487">Idaho</td> <td data-bbox="1453 455 1614 487">83338</td> </tr> <tr> <td data-bbox="34 487 297 519">Secretary:</td> <td data-bbox="297 487 693 519">Dean Hawkins</td> <td data-bbox="693 487 1123 519">440 E. 450 S.</td> <td data-bbox="1123 487 1338 519">Burley</td> <td data-bbox="1338 487 1453 519">Idaho</td> <td data-bbox="1453 487 1614 519">83318</td> </tr> <tr> <td data-bbox="34 519 297 838">Directors:</td> <td data-bbox="297 519 1614 838"></td> <td data-bbox="693 519 1614 838"></td> <td data-bbox="1123 519 1614 838"></td> <td data-bbox="1338 519 1614 838"></td> <td data-bbox="1453 519 1614 838"></td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Wayne Hawkins	304 S. 230 W.	Jerome	Idaho	83338	Secretary:	Dean Hawkins	440 E. 450 S.	Burley	Idaho	83318	Directors:					
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Directors:																										
5. Nature of Business Sales and Service of Automatic Milking Equipment	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature  Name <small>(Typed or Printed)</small> Dean Hawkins Date _____ Title V.P./ Secretary																									