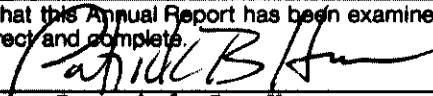
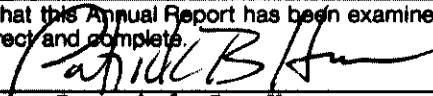
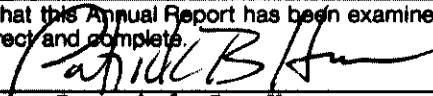


ISSUED: 07-01-1993

| No. 80919                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Idaho Corporation Annual Report Form</b>                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                              | 2. Registered Agent and Office <b>NOT A P.O. BOX</b>  |     |           |                                                                                    |      |         |                        |                           |                                              |          |  |  |                   |                                           |       |  |  |                   |                                          |  |  |  |  |                                                |       |  |  |  |                                          |       |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----|-----------|------------------------------------------------------------------------------------|------|---------|------------------------|---------------------------|----------------------------------------------|----------|--|--|-------------------|-------------------------------------------|-------|--|--|-------------------|------------------------------------------|--|--|--|--|------------------------------------------------|-------|--|--|--|------------------------------------------|-------|--|--|
| Return To<br><br><b>Secretary of State<br/>Room 203, Statehouse<br/>Boise, ID 83720</b><br><br>* FIRST NOTICE *<br>NO FEE REQUIRED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Due No Later Than November 1, 1993                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                              | PATRICK B. HAAS<br>209 MAIN ST.<br><br>BOISE ID 83702 |     |           |                                                                                    |      |         |                        |                           |                                              |          |  |  |                   |                                           |       |  |  |                   |                                          |  |  |  |  |                                                |       |  |  |  |                                          |       |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1. Mailing Address: <b>ALL KITCHENS SUPPLIER ASSOCIATI<br/>PATRICK B. HAAS<br/>209 MAIN ST.<br/><br/>BOISE ID 83702</b> |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       |     |           |                                                                                    |      |         |                        |                           |                                              |          |  |  |                   |                                           |       |  |  |                   |                                          |  |  |  |  |                                                |       |  |  |  |                                          |       |  |  |
| 3. Incorporated Under The Laws of ID NO: 80919                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       |     |           |                                                                                    |      |         |                        |                           |                                              |          |  |  |                   |                                           |       |  |  |                   |                                          |  |  |  |  |                                                |       |  |  |  |                                          |       |  |  |
| 4. Names and Addresses of Officers and Directors <b>MUST BE PRINTED OR TYPED</b> <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td><b>President/Chairman</b></td> <td>Bob Stouthamer, 7 Campus Dr., Parsippany, NJ</td> <td>07065</td> <td></td> <td></td> </tr> <tr> <td><b>Secretary:</b></td> <td>Laurel J. Walker, 209 Main St., Boise, ID</td> <td>83702</td> <td></td> <td></td> </tr> <tr> <td><b>Directors:</b></td> <td>John Tracy, 4446 Malone Rd., Memphis, TN</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Rich Porter, 8701 W. Gage Blvd., Kennewick, WA</td> <td>99336</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Patrick B. Haas, 209 Main St., Boise, ID</td> <td>83702</td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       |     | Name      | Street or P.O. Address                                                             | City | State   | Zip                    | <b>President/Chairman</b> | Bob Stouthamer, 7 Campus Dr., Parsippany, NJ | 07065    |  |  | <b>Secretary:</b> | Laurel J. Walker, 209 Main St., Boise, ID | 83702 |  |  | <b>Directors:</b> | John Tracy, 4446 Malone Rd., Memphis, TN |  |  |  |  | Rich Porter, 8701 W. Gage Blvd., Kennewick, WA | 99336 |  |  |  | Patrick B. Haas, 209 Main St., Boise, ID | 83702 |  |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Street or P.O. Address                                                                                                  | City                                                                                                                                                                                                                                                                                                                                                                                                                         | State                                                 | Zip |           |                                                                                    |      |         |                        |                           |                                              |          |  |  |                   |                                           |       |  |  |                   |                                          |  |  |  |  |                                                |       |  |  |  |                                          |       |  |  |
| <b>President/Chairman</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Bob Stouthamer, 7 Campus Dr., Parsippany, NJ                                                                            | 07065                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                       |     |           |                                                                                    |      |         |                        |                           |                                              |          |  |  |                   |                                           |       |  |  |                   |                                          |  |  |  |  |                                                |       |  |  |  |                                          |       |  |  |
| <b>Secretary:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Laurel J. Walker, 209 Main St., Boise, ID                                                                               | 83702                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                       |     |           |                                                                                    |      |         |                        |                           |                                              |          |  |  |                   |                                           |       |  |  |                   |                                          |  |  |  |  |                                                |       |  |  |  |                                          |       |  |  |
| <b>Directors:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | John Tracy, 4446 Malone Rd., Memphis, TN                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       |     |           |                                                                                    |      |         |                        |                           |                                              |          |  |  |                   |                                           |       |  |  |                   |                                          |  |  |  |  |                                                |       |  |  |  |                                          |       |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Rich Porter, 8701 W. Gage Blvd., Kennewick, WA                                                                          | 99336                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                       |     |           |                                                                                    |      |         |                        |                           |                                              |          |  |  |                   |                                           |       |  |  |                   |                                          |  |  |  |  |                                                |       |  |  |  |                                          |       |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Patrick B. Haas, 209 Main St., Boise, ID                                                                                | 83702                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                       |     |           |                                                                                    |      |         |                        |                           |                                              |          |  |  |                   |                                           |       |  |  |                   |                                          |  |  |  |  |                                                |       |  |  |  |                                          |       |  |  |
| 5. Nature of Business<br><br>non-profit trade association                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                         | 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><table border="1"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>7-29-93</td> </tr> <tr> <td>Name (Typed &amp; Printed)</td> <td>Patrick B. Haas</td> <td>Title</td> <td>Director</td> </tr> </table> |                                                       |     | Signature |  | Date | 7-29-93 | Name (Typed & Printed) | Patrick B. Haas           | Title                                        | Director |  |  |                   |                                           |       |  |  |                   |                                          |  |  |  |  |                                                |       |  |  |  |                                          |       |  |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       | Date                                                                                                                                                                                                                                                                                                                                                                                                                         | 7-29-93                                               |     |           |                                                                                    |      |         |                        |                           |                                              |          |  |  |                   |                                           |       |  |  |                   |                                          |  |  |  |  |                                                |       |  |  |  |                                          |       |  |  |
| Name (Typed & Printed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Patrick B. Haas                                                                                                         | Title                                                                                                                                                                                                                                                                                                                                                                                                                        | Director                                              |     |           |                                                                                    |      |         |                        |                           |                                              |          |  |  |                   |                                           |       |  |  |                   |                                          |  |  |  |  |                                                |       |  |  |  |                                          |       |  |  |