

No. 039394 Return To Secretary of State Room 203, Statehouse Boise, ID 83720	Idaho Corporation Annual Report Form Due No Later Than November 1, 1987 1. Mailing Address — Please Correct 039394 MOLASSES SUPPLY CENTER, INC. FRANCES J. MAUGHAN BOX 1258 TWIN FALLS, IDAHO 83301	2. Registered Agent and Office FRANCES J. MAUGHAN 2075 BITTERROOT DR TWIN FALLS, IDAHO 83391 3. Incorporated Under The Laws of STATE OF IDAHO ENTERED JUL 27 1987																								
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Frances J. Maughan</td> <td>P.O. Box 1258</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Secretary:</td> <td>Leon Smith</td> <td>P.O. Box 1258</td> <td>Twin Falls</td> <td>ID</td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	President:	Frances J. Maughan	P.O. Box 1258	Twin Falls	ID	83301	Secretary:	Leon Smith	P.O. Box 1258	Twin Falls	ID		Directors:					
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Directors:																										
5. Nature of Business	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 <u>Frances J. Maughan</u> Date <u>7/15/86</u> Name (Typed or Printed) _____ Title _____																									

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