

|                                                                                                                                                        |                 |                                                                                                                                            |              |                                                             |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------|---------|------------------|--|
| No. <b>C 122619</b>                                                                                                                                    |                 | <b>Due no later than Jan 31, 2011</b>                                                                                                      |              | 2. Registered Agent and Address <b>(NO PO BOX)</b>          |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>FOOD GOOD, INC.<br>MARK B CLARKSON<br>PO BOX 386<br>PRIEST RIVER ID 83856 |              | MARK B CLARKSON<br>1015 ALBENI HWY<br>PRIEST RIVER ID 83856 |         |                  |  |
|                                                                                                                                                        |                 |                                                                                                                                            |              | 3. <u>New</u> Registered Agent Signature:*                  |         |                  |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                 |                                                                                                                                            |              |                                                             |         |                  |  |
| Office Held                                                                                                                                            | Name            | Street or PO Address                                                                                                                       | City         | State                                                       | Country | Postal Code      |  |
| PRESIDENT                                                                                                                                              | MARK B CLARKSON | PO BOX 386                                                                                                                                 | PRIEST RIVER | ID                                                          | USA     | 83856            |  |
| SECRETARY                                                                                                                                              | SARA E CLARKSON | PO BOX 386                                                                                                                                 | PRIEST RIVER | ID                                                          | USA     | 83856            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                          |              |                                                             |         |                  |  |
| <b>ID<br/>C 122619</b>                                                                                                                                 |                 | Signature: Sara Clarkson                                                                                                                   |              |                                                             |         | Date: 01/27/2011 |  |
|                                                                                                                                                        |                 | Name (type or print): Sara Clarkson                                                                                                        |              |                                                             |         | Title: Secretary |  |
| Processed 01/27/2011                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                  |              |                                                             |         |                  |  |