No. C 60025	D	ue no later than Dec 31, 2017	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form ROBERT L CARLSON					
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.			539 WEST MAIN REXBURG ID 83440 3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	REXBURG FOOD CENTER, INC. ROBERT L CARLSON BOX 487 REXBURG ID 83440-0487						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Bus	iness Addresses o	President, Secretary, and Directors. Treas	surer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT ROBERT I	CARLSON	539 WEST MAIN STREET P.O. B	OX 487 REXBURG	ID	USA	83440-0487	
DIRECTOR KAREN SI	EPERT	P.O. BOX 696	REXBURG	ID	USA	83440-0487	
SECRETARY BOBBETTE	CARLSON	539 WEST MAIN STREET	REXBURG	ID	USA	83440-0487	
5. Organized Under the Laws of: 6. Annual Report		rt must be signed.*					
ID Signatu		: Robert L Carlson			Date: 11/05/2017		
C 60025	Name (type	Name (type or print): Robert L Carlson			Title: President		
Processed 11/05/2017	* Electronically provided signatures are accepted as original signatures.						