

|  |               |   |          |   |                     |
|--|---------------|---|----------|---|---------------------|
| No. <b>W 69422</b>   |               | <b>Due no later than Dec 31, 2015</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>FRESH FRONTIER, LLC<br>KRISTA K CROMAR<br>2421 W LOS FLORES DR<br>MERIDIAN ID 83646 |          | BRYAN CROMAR<br>2421 W LOS FLORES DR<br>MERIDIAN ID 83646 |                     |
|  |               |   |          | 3. <u>New</u> Registered Agent Signature:*                |                     |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |               |   |          |   |                     |
| Office Held  | Name          | Street or PO Address  | City     | State   | Country Postal Code |
| MEMBER   | BRYAN CROMAR  | 2421 W LOS FLORES DR  | MERIDIAN | ID  | 83646               |
| MEMBER   | KRISTA CROMAR | 2421 W LOS FLORES DR  | MERIDIAN | ID  | 83646               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 69422</b>   |               | 6. Annual Report must be signed.*<br>Signature: Krista Cromar<br>Name (type or print): Krista Cromar<br>Date: 11/23/2015<br>Title: Owner  |          |   |                     |
| Processed 11/23/2015   |               | * Electronically provided signatures are accepted as original signatures.   |          |   |                     |