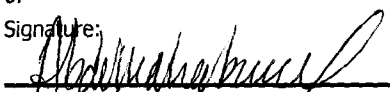
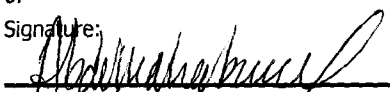
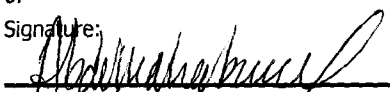


No. W 133299	Due no later than Jan 31, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) ABDULWAHABU H MUKOMKA 5144 W BLAZER LN BOISE ID 83705
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. LOBA AFRICAN FASHION & FRESH PRODUCE LLC ABDULWAHABU H MUKOMKA 5144 W BLAZER LN BOISE ID 83705		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	ABDULWAHABU MUKOMKA	5144 W. BLAZER LN	BOISE	ID		83705
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 133299 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  <hr/> Name (type or print): ABDULWAHABU MUKOMKA </td> <td style="width: 40%;"> Date: 1/28/2016 <hr/> Title: manager </td> </tr> </table>	Signature:  <hr/> Name (type or print): ABDULWAHABU MUKOMKA	Date: 1/28/2016 <hr/> Title: manager
Signature:  <hr/> Name (type or print): ABDULWAHABU MUKOMKA	Date: 1/28/2016 <hr/> Title: manager		

Issued 01/28/2016 by TLB

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