FILED EFFECTIVE

No. W 29965	Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2010	2. Registered Agent and Office **(NOT A P.O. BOX)** GARY BROWER 1019 SUMMERWIND PL NAMPA ID 83651
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	**1. Mailing Address: Correct in this box if needed.** NORTHWEST FOODS, LLC 1019 SUMMERWIND PL NAMPA ID 83651	3. New Registered Agent Signature.
REINSTATEMENT **FEE DUE:** $30.00		

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

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Manager	Gary L. Brower	1019 Summerwind Pl	Nampa	ID	Canyon	83651

5. Organized Under the Laws of:	6.
IDAHO W 29965	Signature: Gary Brower Date: 8-9-10 Name (type or print): Gary Brower Title: 8-9-10

Issued 08/05/2010 by JL1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

- This is to bring special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the