| No. W 170310 | | Due no later than Aug 31, 2018 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|--|------------------|---|---------|-------------|--|
| Return to: | o: Annual Report Form | | VALERIE RO | VALERIE ROSE LOHMAN | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | VAL'S PRODUC VALERIE ROS PO BOX 334 | 1. Mailing Address: Correct in this box if need VAL'S PRODUCE DEPOT, LLC VALERIE ROSE LOHMAN PO BOX 334 JULIAETTA ID 83535 | | 319 RAILROAD ST JULIAETTA ID 83535 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Companies: Ent | er Names and Addresse | es of at least one Member or Manager. | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER MARK | DAVID MALAND | PO BOX 334 | JULIAETTA | ID | USA | 83535 | |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.* | | t must be signed.* | | | | | |
| ID | ID Signature: Valerie Lohman | | Date: 06/21/2018 | | | | |
| W 170310 | Name (type o | Name (type or print): Valerie Lohman | | Title: Owner | | | |
| Processed 06/21/2018 | * Electronically p | * Electronically provided signatures are accepted as original signatures. | | | | | |