No. W 183695		Due no later than May 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. PALOUSE JUICE LLC PO BOX 568 TROY ID 83871		2.	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF					KELLEN HOSKINS 1104 HOURGLASS LN MOSCOW ID 83843 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Nar	nes and Addresses of at leas	t one Member or Manager.					
Office Held	Name	Stı	reet or PO Address	C	ity	State	Country	Postal Code
MEMBER TONI SALERNO		NO PO	BOX 568	Т	ROY	ID	USA	83871
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Elizabeth Hover			Date: 06/28/2018			
W 183695		Name (type or print): Elizabeth Hover			Title: Bookkeeper			
Processed 06/28/2018 * Electronically provided signatures are accepted as original signatures.								