No. W 56320		Due no later than Nov 30, 2011		2. Reg	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			TIMOTHY J KELLY 1867 N FIREBRICK DR KUNA ID 83634			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. DAD'S GLUTEN-FREE PRODUCTS LLC TIMOTHY J KELLY 1867 N FIREBRICK DR KUNA ID 83634						
				KOI				
				3. <u>Nev</u>	3. New Registered Agent Signature:*			
4. Limited Liability Co	mpanies: Enter Na	mes and Addresses of	at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER TIMOTHY J			1867 N FIREBRICK DR	KUNA		USA	83634	
MEMBER TARA S KE		LLY	1867 N FIREBRICK DR	KUNA	A ID	USA	83634	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Timothy Kelly			Date: 11/22/2011			
W 56320		Name (type or print): Timothy Kelly			Title: Member			
Processed 11/22/201	1	* Electronically provide	ed signatures are accepted as origin	al signatures.	ı			