

No. W 92157	Due no later than Apr 30, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) PAUL FRANTELLIZZI 4276 W MINERS FARM DR BOISE ID 83714																																			
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. GOOD SUPERFOOD LLC PAUL FRANTELLIZZI 4770 W STATE ST STE 370 BOISE ID 83702 <i>New Address</i>		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Paul Frantellizzi</td> <td>5307 N. Glenwood St.</td> <td>Garden City</td> <td>ID</td> <td></td> <td>83714.</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Paul Frantellizzi	5307 N. Glenwood St.	Garden City	ID		83714.	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;"> IDAHO W 92157 </div>		6. <i>Tamela L. Peters</i> Signature: <u>Tamela L. Peters.</u> Name (type or print): _____ <div style="text-align: right;"> Date: <u>3/5/13</u> Title: <u>Manager.</u> </div>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM