No. <b>W 11433</b>		Due no later than Mar 31, 2011 Annual Report Form			2. Registered Agent and Address (NO PO BOX)			
Return to:			CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA					
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		AGRILIANCE LLC LAW DEPT - MS 2500 PO BOX 64101 ST PAUL MN 55164-0101						
					3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.								
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER MARK PALM		QUIST 5500 CENEX DRIVE			INVER GROVE HEIGHTS	MN	USA	55077
MANAGER	JIM FIFE		4001 N. LEXINGTON AVENUE		ARDEN HILLS	MN	USA	55126
5.0	C	C A	h					
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
DE W 11433		Signature: Jim Fife			Date: 03/02/2011			
		Name (type or print): Jim Fife			Title: Manager			
Processed 03/02/2011 * Electronically provided signatures are accepted as original signatures.								