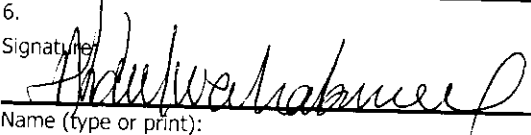


No. <b>W 133299</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than Jan 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ABDULWAHABU H MUKOMKA 203 E PENNSYLVANIA ST <del>BOISE ID 83706</del> 5144 W Blazer LN Boise ID 83705
	1. <b>Mailing Address: Correct in this box if needed.</b> LOBA AFRICAN FASHION & FRESH PRODUCE LLC ABDULWAHABU H MUKOMKA 203 E PENNSYLVANIA ST <del>BOISE ID 83706</del> 5144 W Blazer LN Boise ID 83705		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>  Manager <input type="checkbox"/> Member <input type="checkbox"/>  Manager <input type="checkbox"/> Member <input type="checkbox"/>  Manager <input type="checkbox"/> Member <input type="checkbox"/>		ABDULWAHABU MUKOMKA 5144 W BLAZER LN BOISE ID 83705	
5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold; font-size: large;">IDAHO</div> <div style="text-align: center; font-weight: bold; font-size: large;">W 133299</div>		6. Signature: <u></u> Name (type or print): _____ Date: <u>1/28/2015</u> Title: _____	
Issued 01/28/2015 by SLD			

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM