

No. W 65761		Due no later than Aug 31, 2011 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SPECIALTY LIPIDS, LLC H CEVIN JONES 1440 E 750 S EDEN ID 83325 USA		H CEVIN JONES 1440 E 750 S EDEN ID 83325			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
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	H CEVIN JONES	1440 E 750 S	EDEN	ID	USA	83325	
MANAGER	GARY ROHWER	PO BOX 60 BAR DIAMOND LANE	PARMA	ID	USA	83660-0060	
5. Organized Under the Laws of: ID W 65761		6. Annual Report must be signed.* Signature: H Cevin Jones Name (type or print): H Cevin Jones					
		Date: 08/29/2011 Title: Manager					
Processed 08/29/2011 * Electronically provided signatures are accepted as original signatures.							