No. <b>W 50660</b>	D	Due no later than May 31, 2012		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		INCORP SERVICES, INC.				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	NATURE'S T KATRINA D PO BOX 411	1. Mailing Address: Correct in this box if needed.  NATURE'S TABLE FARM, LLC  KATRINA D PAVLOVICH  PO BOX 411  HORSESHOE BEND ID 83629-0411  USA		921 S ORCHARD ST STE G BOISE ID 83705 USA  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE	USA							
4. Limited Liability Companies: Er	ter Names and Addres	ses of at least one Member or Manager.						
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
MEMBER KATRI	NA PAVLOVICH	10100 SHELLEY AVE	HORSESHOE BEND	ID	USA	83629		
5. Organized Under the Laws of: 6. Annual Repor		ort must be signed.*						
ID	Signature: k	Signature: Katrina D. Pavlovich			Date: 04/16/2012			
W 50660	Name (type	Name (type or print): Katrina D. Pavlovich			Title: Member			
Processed 04/16/2012	* Electronically	* Electronically provided signatures are accepted as original signatures.						