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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------|---------|----------------------|--|
| No. <b>W 88415</b>                                                                                                                                     |                | <b>Due no later than Nov 30, 2013</b>                                                                                                           |      | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |                      |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br>PEA PODS & SPROUTS, LLC<br>EMBER L POWELL<br>212 MONICA ST<br>TROY ID 83871<br>USA |      | EMBER L POWELL<br>212 MONICA ST<br>TROY ID 83871   |         |                      |  |
|                                                                                                                                                        |                |                                                                                                                                                 |      | 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                                                                                                                                                | EMBER L POWELL | 212 MONICA ST                                                                                                                                   | TROY | ID                                                 | USA     | 83871                |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                               |      |                                                    |         |                      |  |
| <b>ID<br/>W 88415</b>                                                                                                                                  |                | Signature: Ember L. Powell                                                                                                                      |      |                                                    |         | Date: 11/06/2013     |  |
|                                                                                                                                                        |                | Name (type or print): Ember L. Powell                                                                                                           |      |                                                    |         | Title: Manager/Owner |  |
| Processed 11/06/2013                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                       |      |                                                    |         |                      |  |