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|--|---------------------|--|-----------|--|---------|-------------------------------------|--|
| No. C 36727 | | Due no later than Aug 31, 2013 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form | | CHRIS ABEND 40 NORTH 400 WEST, GROVELAND RD BLACKFOOT ID 83221 | | | |
| | | 1. Mailing Address: Correct in this box if needed. NONPAREIL DEHYDRATED POTATOES, INC. CHRISTOPHER T ABEND 40 NORTH 400 WEST BLACKFOOT ID 83221 | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| DIRECTOR | RANDI PHILLIPS | 130 N 400 WEST | BLACKFOOT | ID | USA | 83221 | |
| SECRETARY | EILEEN ABEND | 130 N 400 WEST | BLACKFOOT | ID | USA | 83221 | |
| PRESIDENT | CHRISTOPHER T ABEND | 40 N 400 WEST | BLACKFOOT | ID | USA | 83221 | |
| 5. Organized Under the Laws of: ID C 36727 | | 6. Annual Report must be signed.* Signature: Christopher T. Abend Name (type or print): Christopher T. Abend | | | | Date: 08/08/2013 Title: Presient | |
| Processed 08/08/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | | |