No. W 18139				2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		ROBIN L AHRENS				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MOUNTAIN HARVEST FOODS, LLC ROBIN L AHRENS PO BOX 1270 PRIEST RIVER ID 83856		100 MCKINLEY PRIEST RIVER ID 83856 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	ies: Enter Nar	mes and Addresses o	f at least one Member or Manager	r.				
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER ROBIN L AHF		IRENS	6021 LE CLERC RD S		NEWPORT	WA	USA	99156
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Robin L Ahrens		Date: 12/11/2012				
W 18139		Name (type or print): Robin L Ahrens		Title: Owner/manager				
Processed 12/11/2012 * Electronically provided signatures are accepted as original signatures.								