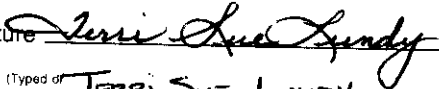
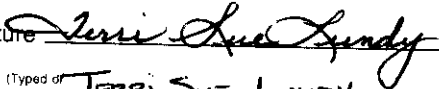
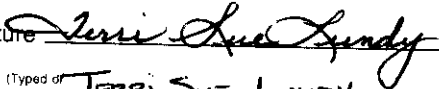


No. W 28113	Due no later than January 31, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable CARTER'S HEALTH FOODS, L.L.C. 826 21ST ST LEWISTON, ID 83501		TERRI SUE LUNDY 826 21ST ST LEWISTON, ID 83501												
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>OWNER</td> <td>TERRI SUE LUNDY</td> <td>631 WARNER SP#15</td> <td>LEWISTON</td> <td>ID</td> <td>83501</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	OWNER	TERRI SUE LUNDY	631 WARNER SP#15	LEWISTON	ID	83501
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
OWNER	TERRI SUE LUNDY	631 WARNER SP#15	LEWISTON	ID	83501										
5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 28113</div>		6. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Signature </td> <td style="width: 50%;">Date <u>1-2-06</u></td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> <u>TERRI SUE LUNDY</u></td> <td>Title <u>OWNER</u></td> </tr> </table>		Signature 	Date <u>1-2-06</u>	Name <small>(Typed or Printed)</small> <u>TERRI SUE LUNDY</u>	Title <u>OWNER</u>								
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