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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 9230</b>                                                                                                                                      |                | <b>Due no later than Jul 31, 2014</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>Annual Report Form</b>                                                                                                                                |            | PATTY A MORROW<br>404 S 8TH ST STE 206<br>BOISE ID 83702 |         |             |  |
|                                                                                                                                                        |                | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>C & M FOODS, L.L.C.<br>PATTY A MORROW - LYMAN<br>404 S 8TH ST STE 206<br>BOISE ID 83702 |            | 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 |  |
| MEMBER                                                                                                                                                 | PATTY A MORROW | 818 BLUE LAKES BLVD N                                                                                                                                    | TWIN FALLS | ID                                                       | USA     | 83301       |  |
| MEMBER                                                                                                                                                 | JEFF CASEY     | 404 S 8TH ST STE 206                                                                                                                                     | BOISE      | ID                                                       | USA     | 83702       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 9230</b>                                                                                            |                | 6. Annual Report must be signed.*<br>Signature: Jeff Casey<br>Name (type or print): Jeff Casey<br>Date: 07/30/2014<br>Title: Member                      |            |                                                          |         |             |  |
| Processed 07/30/2014                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                |            |                                                          |         |             |  |