No. W 9104		Due no later than Jun 30, 2012 Annual Report Form 1. Mailing Address: Correct in this box if needed.		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA 3. New Registered Agent Signature:*			
Return to:				1111 14/1555				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		AGRO DISTRIBUTION, LLC LAW DEPT-MS 2500 PO BOX 64101 ST PAUL MN 55164-0101		BOISE ID 83 USA				
NO FILING FEE IF RECEIVED BY DUE DATE		3117.021111 33	101 0101					
4. Limited Liability Co	ompanies: Enter Nai	mes and Addresses of	f at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	JIM FIFE		PO BOX 64101	ST PAUL	MN	USA	55164-0101	
MANAGER MARK PALMQUIST		QUIST	5500 CENEX DRIVE	INVER GROVE HEIGHTS	MN	USA	55077	
5. Organized Under the Laws of: 6.		6. Annual Report mu	ust be signed.*					
DE W 9104		Signature: Jim Fife		Dat	Date: 06/13/2012			
		Name (type or print): Jim Fife		Titl	Title: Manager			
Processed 06/13/2012 * Electronically provided signatures are accepted as original signatures.								