No. W 128678	Reinstatement Annual Report Form ADMIN DISSOLVED 12/01/2014	2. Registered Agent and Office (NOT A P.O. BOX)  DOUGLAS P LAMM 11454 HILL ROAD PAYETTE ID 83661
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. PRINCIPAL INGREDIENTS, LLC HOWARD J MATSUMURA PO BOX 929 FRUITLAND ID 83619	
reinstatement fee due: \$30.00		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.  Manager or Member Name Street or PO Address City State Country Postal Code		
Manager Member HOWARD J MATSUMURA PO BOX 929 FRUITLAND, ID U.S. 83619		
Manager  Member		
Manager  Member		
Manager Member M		
5. Organized Under the La IDAHO W 128678 Issued 12/05/2014 by onlin	Signature:  Name (type or print):  HOWARD J MATSUMURA	Date: 12/08/2014 Title: MANAGER

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office