No. W 9104		Due no later than Jun 30, 2013 2. Registered Agent and Address (NO PO BOX)						
Return to:		Annual Report Form C T CORPORATION SYSTEM						
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. AGRO DISTRIBUTION, LLC LAW DEPT-MS 2500 PO BOX 64101 ST PAUL MN 55164-0101		N 17 17 17 17 17 17 17 17 17 17 17 17 17	921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New Registered Agent Signature:*			
				USA				
4. Limited Liability Co	ompanies: Enter Nai	mes and Addresse	s of 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 PALMO		QUIST	5500 CENEX DRIVE	INVER GROVE HEIGHTS	MN	USA	55077	
5. Organized Under	the Laws of	6 Annual Report	must be signed *					
		6. Annual Report must be signed.*						
DE		Signature: Jim Fife			Date: 06/18/2013			
W 9104		Name (type or print): Jim Fife Title: Manager						
Processed 06/18/20:	13	* Electronically pr	ovided signatures are accepted as origina	al signatures.				