

|  |              |  |       |  |         |             |  |
|--|--------------|--|-------|--|---------|-------------|--|
| No. <b>W 161154</b>  |              | <b>Due no later than Jan 31, 2018</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>1. Mailing Address: Correct in this box if needed.</b><br>C & F DREAM FRUITION, LLC<br>FOSTER<br>145 W JACKSON CREEK RD<br>INKOM ID 83245 |       | CHRISTOPHER T FOSTER<br>145 W JACKSON CREEK RD<br>INKOM ID 83245 |         |             |  |
|  |              |  |       | 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   | FAY F FOSTER | 145 W JACKSON CREEK RD   | INKOM | ID   | USA     | 83245       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 161154</b>  |              | 6. Annual Report must be signed.*<br>Signature: Chris foster<br>Name (type or print): Chris foster<br>Date: 01/29/2018<br>Title: Agent       |       |  |         |             |  |
| Processed 01/29/2018   |              | * Electronically provided signatures are accepted as original signatures.  |       |  |         |             |  |