No. **W 18139**	**Due no later than Feb 28, 2014** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: 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.** MOUNTAIN HARVEST FOODS, LLC ROBIN L AHRENS PO BOX 1270 PRIEST RIVER ID 83856	ROBIN L AHRENS 100 MCKINLEY PRIEST RIVER ID 83856 3. New 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
MANAGER	ROBIN L AHRENS	100 MCKINLEY	PRIEST RIVER	ID	USA	83856

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 18139**	Signature: Robin Ahrens Name (type or print): Robin Ahrens	Date: 02/05/2014 Title: Owner

Processed 02/05/2014

* Electronically provided signatures are accepted as original signatures.