No. C 36727	Du	Due no later than Aug 31, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	NONPAREIL DI CHRISTOPHER 40 NORTH 40	Annual Report Form 1. Mailing Address: Correct in this box if needed. NONPAREIL DEHYDRATED POTATOES, INC. CHRISTOPHER T ABEND 40 NORTH 400 WEST BLACKFOOT ID 83221		CHRIS ABEND 40 NORTH 400 WEST,GROVELAND RD BLACKFOOT ID 83221 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names an	d Business Addresses of	President, Secretary, and Directors. Treas	surer (optional).				
Office Held Name	2	Street or PO Address	City	State	Country	Postal Code	
	I PHILLIPS STOPHER T ABEND	130 N 400 WEST 40 N 400 WEST	BLACKFOOT BLACKFOOT	ID ID	USA USA	83221 83221	
5. Organized Under the Laws of	6. Annual Repor	6. Annual Report must be signed.*					
ID	Signature: Tr	Signature: Tracy Ramsdell		Date: 07/21/2016			
C 36727	Name (type o	Name (type or print): Tracy Ramsdell		Title: Accounting			
Processed 07/21/2016	* Electronically p	* Electronically provided signatures are accepted as original signatures.					