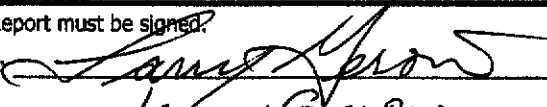


No. W 79576 Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than 12/31/2009 Annual Report Form 1. Mailing Address: Correct in this box if needed. OLDTOWN FAMILY FOODS, LLC PO BOX 3535 OLDTOWN ID 83822	2. Registered Agent and Address (NO PO BOX) FONDA L JOVICK 102 9TH ST PRIEST RIVER ID 83856 3. New Registered Agent Signature:												
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. <table border="1"><thead><tr><th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>MANAGER</td><td>Larry Gerow</td><td>PO BOX 3535</td><td>Oldtown</td><td>ID</td><td>83822</td></tr></tbody></table>			Office Held	Name	Street or PO Address	City	State	Zip	MANAGER	Larry Gerow	PO BOX 3535	Oldtown	ID	83822
Office Held	Name	Street or PO Address	City	State	Zip									
MANAGER	Larry Gerow	PO BOX 3535	Oldtown	ID	83822									
5. Organized Under the Laws of: ID W 79576	6. Annual Report must be signed. Signature: <u></u> Date: <u>11-2-09</u> Name(type or print): <u>Larry Gerow</u> Title: <u>MANAGER</u>													

Issued 10/16/2009 by LJM

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM