No. <b>W 113406</b>		Due no later than Apr 30, 2017		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			SHEILA PLOWMAN 430 NORTHSTAR DR HAILEY ID 83333  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  IT TAKES A VILLAGE FOODS, LLC SHEILA PLOWMAN PO BOX 105 HAILEY ID 83333		HAILEY ID				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp.	anies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	SHEILA PLO	WMAN	P.O. BOX 105	HAILEY	ID	USA	83333	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Sh		Date: 05/23/2017				
W 113406		Name (type o		Title: Member				
Processed 05/23/2017 * Electronically provided signatures are accepted as original signatures.								