

|   |                |   |           |  |         |             |  |
|---|----------------|---|-----------|--|---------|-------------|--|
| No. <b>W 171185</b>   |                | <b>Due no later than Aug 31, 2017</b><br><b>Annual Report Form</b>  |           | 2. Registered Agent and Address ( <b>NO PO BOX</b> )                   |         |             |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080  |                | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>O C FEED LLC<br>CANDACE SKOGLUND<br>PO BOX 992<br>MIDDLETON ID 83644 |           | CANDACE SKOGLUND<br>10719 CLOUDLESS CT<br>08/31/2017<br>NAMPA ID 83687 |         |             |  |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>  |                |   |           | 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  | CANDACE LEA SK | P O BOX 992   | MIDDLETON | ID   | USA     | 83644       |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 171185</b>                                 |                | 6. Annual Report must be signed.*<br><br>Signature: candace skoglund<br>Name (type or print): candace skoglund                        |           |  |         |             |  |
|   |                | Date: 10/10/2017<br>Title: owner  |           |  |         |             |  |
| Processed 10/10/2017      * Electronically provided signatures are accepted as original signatures. |                |   |           |  |         |             |  |