

No. <b>W 113406</b>		<b>Due no later than Apr 30, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  IT TAKES A VILLAGE FOODS, LLC SHEILA PLOWMAN PO BOX 105 HAILEY ID 83333 USA		SHEILA PLOWMAN 1551 COLIBRI LN HAILEY ID 83333			
<b>NO FILING FEE IF 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 MEMBER	Name SHEILA PLOWMAN	Street or PO Address 1551 COLIBRI LANE BOX 105		City HAILEY	State ID	Country USA	Postal Code 83333
5. Organized Under the Laws of:  <b>ID</b> <b>W 113406</b>		6. Annual Report must be signed.*  Signature: Sheila Plowman Name (type or print): Sheila Plowman  Date: 02/11/2014 Title: Member					
Processed 02/11/2014 * Electronically provided signatures are accepted as original signatures.							