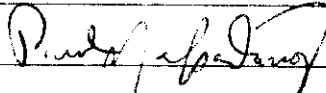
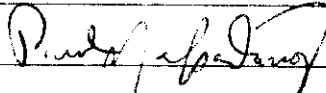
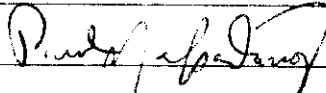


No. W 14360	Due no later than February 28, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable NORTHWEST FOOD PRODUCTS TRANSPORTAT LAW DEPARTMENT MS 2500 PO BOX 64101 ST PAUL, MN 55164 0101		CT CORPORATION SYSTEM 300 N 6TH ST BOISE, ID 83702	
			3. <u>New</u> Registered Agent Signature	

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Jim Sleper	4001 N. Lexington Ave.	Arden Hills	MN	55126
Manager	Paul Delperdang	4001 N. Lexington Ave.	Arden Hills	MN	55126

5. Organized Under the Laws of: <div style="text-align: center;"> WISCONSIN W 14360 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature  </td> <td style="width: 40%;"> Date 2-7-05 </td> </tr> <tr> <td> Name <small>(Typed or Printed)</small> Paul Delperdang </td> <td> Title Manager </td> </tr> </table>	Signature 	Date 2-7-05	Name <small>(Typed or Printed)</small> Paul Delperdang	Title Manager
Signature 	Date 2-7-05				
Name <small>(Typed or Printed)</small> Paul Delperdang	Title Manager				