

No. W 58400	Due no later than Jan 31, 2011 Annual Report Form		2. Registered Agent and Address (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 needed. WOOD RIVER NATURAL FOODS, LLC MELINDA SPRINGS 121 PUNKIN CENTER RD. BELLEVUE ID 83313		RICHARD A SPRINGS III 121 PUNKIN CENTER RD BELLEVUE ID 83313			
			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
MANAGER	RICHARD A SPRINGS III	121 PUNKIN CENTER RD	BELLEVUE	ID	USA	83313
MANAGER	MELINDA C SPRINGS	PO BOX 646	PICABO	ID	USA	83348
5. Organized Under the Laws of: ID W 58400	6. Annual Report must be signed.* Signature: Melinda Springs Name (type or print): Melinda Springs		Date: 11/26/2010 Title: Owner			
Processed 11/26/2010		* Electronically provided signatures are accepted as original signatures.				