

| | | | | | | | |
|--|-------------|---|---------|--|---------|------------------|--|
| No. W 79576 | | Due no later than Dec 31, 2015 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. OLDTOWN FAMILY FOODS, LLC LARRY GEROW PO BOX 3535 OLDTOWN ID 83822 | | FONDA L JOVICK 119 MAIN ST SUITE 201 PRIEST RIVER ID 83856 | | | |
| | | | | 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 | LARRY GEROW | P.O. BOX 3535 | OLDTOWN | ID | USA | 83822 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 79576 | | Signature: Larry Gerow | | | | Date: 10/20/2015 | |
| | | Name (type or print): Larry Gerow | | | | Title: Manager | |
| Processed 10/20/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |