

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State_

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMEANY ANNUAL REPORT FOR THE YEAR _

2005

THING FETIOU. SEPTED (FORM MUST BE TYPED			rang rec. 550.00				
1. ID No. 133958		name of the limited liability company Mills, LLC					
3 State of Formation DELAWARE		, , ,	character of the business who MAL FEED PRODUCTS	rbich is actually conducted in Rhode Island S			
5. Principal office addres	۲			Cuy	State		Zip
1080 West Co				Shoreview	MN		55126
6. MAILING ADDRE	SS OF L	MITED LIABILITY (COMPANY AND NAME	R OR TITLE OF CONTACT PERSON: Contact Title			
Land O'Lakes	Law	Department - N	1S 2 <u>500</u>				
Street Address			· · · · · · · · · · · · · · · · · · ·	Cuy	State		Zφ
PO Box 64101	L			St. Paul	MN		55164-0101
		FILL IN SPACES	F THE LIMITED LIABI BEFORE USING ATTAC AGERS REQUIRES FIL	HMENTS ("X" BOX	FOR ATTACHMENT		··52
Street Address				Street Address			
City State Zip		Zip	City	State	• •	Zip	
Manager Name				Manager Name			
Sinvi Address	,			Street Address			
<i>O</i> U		State	Zip	City	State	State Zip	
8. RESIDENT AGEN Agent Name CT CORPORATION SY		ODE ISLAND - DO N	OT ALTER - Changes	require filing of For	m 642 - R.J.G.I 7-1	16-11	
Address 10 WEYBOSSET STREET				City: PROVIDENCE		Zip 02903-	
		· -					

This report must be signed in ink by an authorized person pursuant to R.J.G.L. 7-16-66.



133958

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signatury of Authorized Person

4-12-05

John W. Curran, Assistant Secretary .

Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

vidence, RI 02903-1335 401,222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ________2004_____

FHING PERIOA: SE (FORM MUST BE IY	TED OR PRINTED IN BIACK)							
1. ID No.	2. Exact name of the limite	name of the United Hability company						
133958	Purina Mills, LLC	Mills, LLC						
3. State of Formation	4. Brief descriptie	n of the character of the his	ness which is actually conducted in Rho	de Island				
DELAWARE	Produce	r of animal fee	l products					
5 Principal office ac	ddress		City	Sinie	Zip			
1080 Wes	t County Road F		Shoreview	MN	55126			
6. MAILING AD	DRESS OF LIMITED LIABI	LITY COMPANY AND	NAME OR TITLE OF CONTACT	r Person:				
Contact Name Land O'L	akes Law Departmen	t- MS 2500	Contact Tile					
Street Address			City	State	Zip			
PO Box 6	4101		St. Paul	MN	55164-0101			
7. NAME AND A	ADDRESS OF EACH MANA	GER OF THE LIMITED	LIABILITY COMPANY, IF APP	PLICABLE	·			
	FILL IN SP	ACES BEFORE USING	ATTACHMENTS ("X" BOX F	OR ATTACHMENT) []			
	ANY MODIFICATIONS TO) MANAGERS REQUIR	ES FILING OF AMENDMENT, F	R.J.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name			Manager Name	Manager Name .				
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			:					
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Sinvi Addnys			Siren Address					
	State	Zip	Street Address City	State	Zip			
	State	Zip		State	Zip			
Сйу	State	Ζip		State	Zip			
City Manager Name	State	Zip	Cuy Manager Name	State	Zip			
Street Address City Manager Name Street Address	State	Zip	Сиу	State	Zip			
City Manager Name Street Address			City Manager Name Street Address					
Gity Manager Name Street Address	State State	Zip Zip	Cuy Manager Name	State State	Zip Zip			
City Manager Name Street Address City	State	Zip	City Manager Name Street Address City	State	Zip			
City Manager Name Street Address City 8. RESIDENT AG	State	Zip	City Manager Name Street Address	State	Zip			
City Manager Name Street Address City 8. RESIDENT Address	State GENT IN RHODE ISLAND	Zip	City Manager Name Street Address City anges require filing of Form	State	Zip			
City Manager Name Street Address City 8. RESIDENT Address Agent Name CT CORPORATIO	State GENT IN RHODE ISLAND	Zip	City Manager Name Street Address City anges require filing of Form Address	State 642 - R.I.G.L. 7-16-1	Zip			
City Manager Name Street Address City 8. RESIDENT Address Agent Name	State GENT IN RHODE ISLAND ON SYSTEM	Zip	City Manager Name Street Address City anges require filing of Form	State 642 - R.I.G.I., 7-16-1	Zip			

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date	20/04			
Check No	261285			
By:	04			
FOR SECRETARY OF STATE USE ONLY				

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are tour and correct.

Signature of Authorized Person

7-13-04

John Curran, Assistant Secretary

Print of Type Name of Authorized Person