



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR**

**2005**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 133958		2. Exact name of the limited liability company Purina Mills, LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island PRODUCER OF ANIMAL FEED PRODUCTS	
5. Principal office address 1080 West County Road F		City Shoreview	State MN
		Zip 55126	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Land O'Lakes Law Department - MS 2500		Contact Title	
Street Address PO Box 64101		City St. Paul	State MN
		Zip 55164-0101	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CT CORPORATION SYSTEM		Address	
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903

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



\*133958\*

File Date	9/20/05
Check No.	13431985
By:	A
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 true and correct.

Signature of Authorized Person: John W. Curran Date: 9-12-05  
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  
 401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <b>133958</b>		2. Exact name of the limited liability company <b>Purina Mills, LLC</b>			
3. State of Formation <b>DELAWARE</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Producer of animal feed products</b>			
5. Principal office address <b>1080 West County Road F</b>		City <b>Shoreview</b>	State <b>MN</b>	Zip <b>55126</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Land O'Lakes Law Department- MS 2500</b>			Contact Title		
Street Address <b>PO Box 64101</b>		City <b>St. Paul</b>	State <b>MN</b>	Zip <b>55164-0101</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name <b>CT CORPORATION SYSTEM</b>			Address		
Address <b>10 WEYBOSSET STREET</b>		City <b>PROVIDENCE</b>	Zip <b>02903-</b>		

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



\* 1 3 3 9 5 8 \*

File Date 9/20/04  
 Check No. 13261285  
 By: OA  
 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 true and correct.

[Signature] 9-13-04  
 Signature of Authorized Person Date  
 John Curran, Assistant Secretary  
 Print or Type Name of Authorized Person