

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

Matthew A. Brown, Secretary of State

Corporations Divi-100 North Main St Providence, RI 02903-1, 401.222.3

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2005

Filing Period: Septen	nber 1 -	November 1 •	Filing Fee: \$50.00						
(FORM MUST BE TYPED									
1. <i>ID.No</i> 125562	2. Exact Northw	est Food Products Transportation, LLC							
3. State of Formation WISCONSIN				bich is actually conducted in Rhode Island SERVICES					
5. Principal office address 755A Sommer Street North				City Hudson		State Zip		<i>Σφ</i> 53042	
Contact Name		Department -	COMPANY AND NAME MS 2500	OR TITLE OF CON	TACT PERS	ON:	•		
Street Address			•	City		State		Z(p	
PO Box 64101			St. Paul		M.	N	55164-0101		
		FILL IN SPACES	OF THE LIMITED LIAB BEFORE USING ATTA- NAGERS REQUIRES FIL	CHMENTS ("X" B	OX FOR AT	ACHMENT)	_	.52	
Manager Name				Manager Name				•	
Jim Sleper				Alan Pierson					
Siren Address 4001 N. Lexington Avenue			Sirver Address 400 South M Street						
Cuy Arden Hills		State MN	<i>Σιρ</i> 55126	City Tulare		State CA Zip 9		7.1p 93274	
Manager Name Paul Delper	dang	***************************************		Manager Name	•••••••	••••••	••••••••••	'·····	
Street Address 4001 N. Lex	ingto	n Avenue	·	Street Address					
City Arden Hills		State MN	<i>Σιρ</i> 55126	City		State		Zip	
8. RESIDENT AGENT Agent Name CT CORPORATION SY	•	ODE ISLAND - DO I	NOT ALTER - Changes	require filing of F	orm 642 -	R.I.G.L. 7-10	6-11		
Address 10 WEYBOSSET STRE	ET			City. PROVIDENCE			<i>Zφ</i> 02903-		
				·· ·					

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

125562

File Date 9/19/05

Check No. 145/7839

By: FOR SICRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this rejincluding any accompanying schedules and statements, and that all statementations are true and correct.

Signature of Authorited Person Date

Paul Delperdang

Print or Type Name of Authorized Person

Form 632 Rev. 7/03



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

(FORM MUST BE TYP	ED OR PI	RINTED IN BLACK)							
I. ID No.	2. Exact	name of the limited lia	bility company				 -		
125562	Northwest Food Products Transportation, LLC								
3. State of Formation 4. Brief description of the character of the business w					ictually conducted in Rho	de Island			
WI Milk hauling and transpo				ortation services					
5. Principal office uddress					City St		Zip	Zip	
755A Sommer Street North					dson	WI		53042	
	<i>3</i> 33410	r dixinandiya	Direct GOOD PASSA AN			oxerver in	TROOP : 18	Property of	
Contact Name	_	_		Contact	ille				
	s Law	<u>Department -</u>	MS 2500	City		State	Zip		
Street Address				•		State	'		
PO Box 64101				• St.	Paul	MN		164-0101	
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Manager Name				• Manager					
J	im Sle	eper		Jim Hahn					
Street Address				· Street Ad					
4	001 N	. Lexington A	Venue		4001 N. Lexi	ington Av	renue		
City		State	Zip	*City		State	Zιρ		
Arden Hills		. MN	55126	Ard	en Hills	L.MN		5126	
Manager Name				*Manager	Name				
P.	aul De	elperdang							
Street Address				•Street Ad	dress		·		
	001 N.	. Lexington A	venue	•					
City		State	Zip	,City		State	Zip		
Arden Hills		MN	55126	•		<u> </u>			
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Agent Name				Address					
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Address	_	<u> </u>	 -	City			Zıp	-	
fg		•		Providence			02903		
				1					

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

	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.
File Date.	Vaul A of se Jand 9/23/04
Check No.	Signature of Authorifed Person Date
EV 1442387117	Paul Delperdang
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person Form 632 Rev. 6/02



FOR SECRETARY OF STATE USE ONLY

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 _____ 2003

Filing Period: September 1 - November 1 - Filing Fee: (FORM MUST BE TYPED OR PRINTED IN BLACK)	0.00	
125562 2 Exact name of the limited liability company Northwest Food Produc	s Transportation, LLC	_
	e business which is actually conducted in Rhode Island	_
WI Milk hauling and t	ansportation services	
5. Principal office address 755A Sommer Street North	Hudson State Zip 53042	^{Zip} 53042
		(D)
Contact Name Land O'Lakes, Inc.	Contact Title Law Department - MS 2500	
Street Address PO Box 64101	St. Paul State MN Zip 55164-010)1
Manager Name Jim Sleper	EININ TOURANT THE GOALD SALE TO AND THE STATE OF A SECOND SALE SALE SALE SALE SALE SALE SALE SALE	
Street Address 4001 N. Lexington Avenue	Street Address 4001 N. Lexington Avenue	_
City State Zip	*City State Zip	_
Arden Hills MN 55126 Manager Name Paul Delperdang	Arden Hills MN 55126 Manager Name	•
Street Address 4001 N. Lexington Avenue	• Sireel Address	
City State Zip	City State Zip	_
SRESDESTACESTENRIGOETSIAND CONOTAIGEA Agent Name CT Corporation System Address	nences reculro (ilincio) form 642 avicus prompts Address 10 Weybosset Street City Providence 02903	E
fg	RECEIVED RETARN OF STATE RETARN OF STATE RETARN OF STATE RETARN OF STATE	
This report must be signed in ink by an authorized personal FILES		
SEP 1 6 2	Under penalty of perjury, I declare and affirm that I have examined	

Paul Delperdang
Print or Type Name of Authorized Person

Form 632 Rev. 6/02