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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company
125562	Northwest Food Products Transportation, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
WISCONSIN	MILK HAULING AN DTRANSPORTATION SERVICES

5. Principal office address	City	State	Zip
755A Sommer Street North	Hudson	WI	53042

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Land O'Lakes Law Department - MS 2500	

Street Address	City	State	Zip
PO Box 64101	St. Paul	MN	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)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
Jim Sleper	4001 N. Lexington Avenue	Arden Hills	MN	55126
Alan Pierson	400 South M Street	Tulare	CA	93274
Paul Delperdang	4001 N. Lexington Avenue	Arden Hills	MN	55126

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
CT CORPORATION SYSTEM			
	10 WEYBOSSET STREET	PROVIDENCE	02903-

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

[redacted] [redacted]

125562

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

Paul Delperdang 9/9/05
Signature of Authorized Person *Date*

Paul Delperdang
Print or Type Name of Authorized Person

FOR SECRETARY OF STATE USE ONLY	
File Date	9/19/05
Check No.	14517839
By:	

[redacted]

Form 632 Rev. 7/03

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.	2. Exact name of the limited liability company
125562	Northwest Food Products Transportation, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
WI	Milk hauling and transportation services

5. Principal office address	City	State	Zip
755A Sommer Street North	Hudson	WI	53042

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON

Contact Name	Contact Title
Land O'Lakes Law Department - MS 2500	

Street Address	City	State	Zip
PO Box 64101	St. Paul	MN	55164-0101

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
(WILL EXPIRE BEFORE USING ATTACHMENTS - SEE BOX FOR ATTACHMENT)
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12.1(2) / 7-16-52

Manager Name	Street Address	City	State	Zip
Jim Sleper	4001 N. Lexington Avenue	Arden Hills	MN	55126

Manager Name	Street Address	City	State	Zip
Jim Hahn	4001 N. Lexington Avenue	Arden Hills	MN	55126

Manager Name	Street Address	City	State	Zip
Paul Delperdang	4001 N. Lexington Avenue	Arden Hills	MN	55126

Manager Name	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	Address	City	Zip
CT Corporation System	10 Weybosset Street	Providence	02903

Address	City	Zip
fg		

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

[redacted]

[redacted]

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.

Paul Delperdang 9/23/04
Signature of Authorized Person *Date*

Paul Delperdang
Print or Type Name of Authorized Person

[redacted]

File Date	
Check No.	SEP 27 2004
By:	BV 14402387

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02

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 2003

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company
125562	Northwest Food Products Transportation, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
WI	Milk hauling and transportation services

5. Principal office address	City	State	Zip
755A Sommer Street North	Hudson	WI	53042

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON

Contact Name	Contact Title
Land O'Lakes, Inc.	Law Department - MS 2500

Street Address	City	State	Zip
PO Box 64101	St. Paul	MN	55164-0101

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
(IF MORE THAN 2, FILL IN SPACES BELOW & USE ATTACHMENT) ☐ (SEE BOX FOR ATTACHMENT)
IF ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12(b)(2) & 7-16-52

Manager Name	Street Address	City	State	Zip
Jim Sleper	4001 N. Lexington Avenue	Arden Hills	MN	55126
Jim Hahn	4001 N. Lexington Avenue	Arden Hills	MN	55126
Paul Delperdang	4001 N. Lexington Avenue	Arden Hills	MN	55126

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Change requires filing of Form 642 R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
CT Corporation System	10 Weybosset Street	Providence	02903
fg			

RECEIVED
SEP 15 12 09 PM '04
SECRETARY OF STATE
CORPORATIONS DIV.

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

FILED

SEP 16 2004

By KMC

M44801

[redacted]

File Date

Check No.

By

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Paul Delperdang 9/9/04

Signature of Authorized Person *Date*

Paul Delperdang

Print or Type Name of Authorized Person

Form 632 Rev. 6/02