

Filing Fee: \$150.00

ID Number: 125562



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION
(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-16-49 of the General Laws, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

Northwest Food Products Transportation, LLC *ok*

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

NFPT, LLC

3. The limited liability company is organized under the laws of Wisconsin

4. The date of its organization is December 7, 2000

5. The period of duration of the limited liability company is (if perpetual, so state) perpetual

6. The address of the limited liability company's resident agent in Rhode Island is:

10 Weybosset Street Providence , RI 02903
(Street Address, not P.O. Box) (City/Town) (Zip Code)

and the name of the resident agent at such address is C T CORPORATION SYSTEM

(Name of Agent)

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:

755A Sommer Street North, Hudson, WI 54016

9. The mailing address for the limited liability company is:

755A Sommer Street North, Hudson, WI 54016

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10. The limited liability company is to be managed by:

(Check one box only)

its members or by one (1) or more managers

11. If the limited liability company has managers at the time of filing this application, please list the name and address of each manager:

<u>Manager</u>	<u>Address</u>
<u>Paul Delperdang</u>	<u>4001 Lexington Avenue North, Arden Hills, MN 55126</u>
<u>Gary Corbett</u>	<u>4001 Lexington Avenue North, Arden Hills, MN 55126</u>
<u>Jim Hahn</u>	<u>4001 Lexington Avenue North, Arden Hills, MN 55126</u>
_____	_____
_____	_____
_____	_____

12. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized. **X see attached.**

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

Date: _____

Northwest Food Products Transportation, LLC

Print Exact Name of Limited Liability Company Making Application

By Paul Delperdang

Signature of authorized person

Paul Delperdang, Manager

DOM
183

United States of America
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

Greetings:

I do hereby certify that

NORTHWEST FOOD PRODUCTS TRANSPORTATION, LLC

is a domestic limited liability company organized under the laws of this state and that its date of organization is DECEMBER 7, 2000.

I further certify that said company has not filed articles of dissolution with this department.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department on June 14, 2002.

A handwritten signature in black ink, appearing to read "Judi M. Sopher".

Judi M. Sopher
Office of the Administrator
Department of Financial Institutions

BY: A handwritten signature in black ink, appearing to read "Patricia Weber".

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Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.