State of New Hampshire
2007 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2007

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 02/21/2007

Business ID: 397247

William M. Gardner

Secretary of State

PURINA MILLS, LLC

LAW DEPARTMENT - MS 2500, PO BOX 64101

ST. PAUL, MN 55164-0101

ENTITY TYPE:	LLC
BUSINESS ID:	397247
STATE OF DOMICILE:	DELAWARE
FEDERAL ID:	412015534

PRODUCER OF ANIMAL NUTRITION PRODUCTS

1

ADDRESS OF PRINCIPAL OFFICE:

1080 WEST COUNTRY ROAD F

SHOREVIEW, MN 55126

REGISTERED AGENT AND OFFICE:

C T CORPORATION SYSTEM

9 CAPITOL ST

CONCORD, NH 03301

2

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address _____

☐ The new principal office address _____

PO Box is acceptable.

3

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

A

NAME .....
STREET .....
CITY/STATE/ZIP _____
NAME .....
STREET .....
CITY/STATE/ZIP _____
NAME .....
STREET .....
CITY/STATE/ZIP _____
NAME .....
STREET .....
CITY/STATE/ZIP _____

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

B

MEMB. **Land O'Lakes Purina Feed LLC**
STREET **1080 West County Road F**
CITY/STATE/ZIP **Shoreview Mn 55126**
NAME .....
STREET .....
CITY/STATE/ZIP _____
NAME .....
STREET .....
CITY/STATE/ZIP _____
NAME .....
STREET .....
CITY/STATE/ZIP _____

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

4

To be signed by the manager, if no manager, must be signed by a member.
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **John W Curran**

Please print name and title of signer: **John W Curran** / **AUTHORIZED PARTY**

NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL): _____

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529