

Filing Fee - \$100.00

IMPORTANT - Read Instructions before completing this form.

ARTS-GS

Attachment 1 4597146



MAY 2 0 2020

Copy Fees — First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00 Note: Corporations may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to ftb.ca.gov.		1pc	. 0		
		This Space For Office Use Only			
1. Corporate Name (Go to www.sos.ca.gov/business/be/name-	availability for general co	rporate name requirements	s and restri	ctions.)	
The name of the corporation is Pillsbury Family Farm	Certification Fee - \$5.00 Corporations may have to pay minimum \$800 tax to the California inse Tax Board each year. For more information, go to ftb ca.gov. This Space For Office Use Only orporate Name (Go to www.sos.ca.gov/business/be/mame-availability for general corporate name requirements and restrictions.) ame of the corporation is Pillsbury Family Farms, INC. Use iness Addresses (Enter the complete business addresses.) State 2tp Code 219N 16RD Upper Lake CA 95489 Umaking Address of Corporation - Do not list a P.O. Box Upper Lake CA 95469 Umaking Address of Corporation, if different than item 2a City (no abbreviations) State 2tp Code Box 325 Potter Valley CA 95469 Divice of Process (Must provide either Individual OR Corporation.) Dividual - Complete Items 3a and 3b only. Must include agent's full name and California street address. Ornia Agent's First Name (if agent is not a corporation) - Do not enter a P.O. Box City (no abbreviations) State CA 2tp Code CA 2tp				
2. Business Addresses (Enter the complete business address	ses.)			,	
a. Initial Street Address of Corporation - Do not list a P.O. Box	City (no abbreviat	City (no abbreviations)		Zip Code	
26102 19N 16RD	Upper Lake	Upper Lake		95489	
b. Initial Mailing Address of Corporation, if different than item 2a	City (no abbrevia	City (no abbreviations)		Zip Code	
`PO Box 325	Potter Valle	Potter Valley		95469	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrevia	. 1		Zip Code	
		4	CA		
California Corporate Agents, Inc.					
4. Shares (Enter the number of shares the corporation is authorize	zed to issue. Do not leav	ve blank or enter zero (0).)	ATTENDED TO A PARTY OF THE PART		
•		10	0		
5. Purpose Statement (Do not after the Purpose Statement.)					
under the General Corporation Law of California other t	han the banking bu	siness, the trust com			
6. Read and Sign Below (This form must be signed by each			requireme	ents.)	
Hole K-Zorns					
Signature	Туре с	Type or Print Name			

Attachment to Form ARTS-GS Additional Incorporators

Signature

Justin Quayle

Type or Print Name