

|  |               |  |            |   |                     |
|--|---------------|--|------------|---|---------------------|
| No. <b>W 65524</b>   |               | <b>Due no later than Aug 31, 2017</b>  |            | 2. Registered Agent and Address <b>(NO PO BOX)</b>      |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>DAIRY REPLACEMENT SOLUTIONS, LLC<br>FIALA & FIALA<br>PO BOX 5064<br>TWIN FALLS ID 83303 |            | LARRY BULL<br>472 MEADOWLARK WAY<br>TWIN FALLS ID 83301 |                     |
|  |               |  |            | 3. <u>New</u> Registered Agent Signature:*              |                     |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |               |  |            |   |                     |
| Office Held  | Name          | Street or PO Address   | City       | State   | Country Postal Code |
| MEMBER   | LARRY BULL    | 472 MEADOWLARK WAY   | TWIN FALLS | ID  | 83301               |
| MEMBER   | SHEILA MAJORS | 472 MEADOWLARK WAY   | TWIN FALLS | ID  | 83301               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 65524</b>   |               | 6. Annual Report must be signed.*<br>Signature: Larry Bull<br>Name (type or print): Larry Bull<br>Date: 06/19/2017<br>Title: Member                      |            |   |                     |
| Processed 06/19/2017   |               | * Electronically provided signatures are accepted as original signatures.  |            |   |                     |