




No. W 132233	Due no later than Dec 31, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) LYNDIA LEZAMIZ TABER 732 W 5TH ST SHOSHONE ID 83352
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. BUENA VISTA DAIRY, LLC PO BOX 164 SHOSHONE ID 83352		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Lynda Lezamiz Taber	1027E 720N	Richfield, Id.	USA		83349
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Robin Lezamiz	980E 720N	Richfield, Id	USA		83349
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO W 132233</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>12-31-16</u> </td> </tr> <tr> <td> Name (type or print): <u>Lynda Lezamiz Taber</u> </td> <td> Title: <u>manager</u> </td> </tr> </table>	Signature: 	Date: <u>12-31-16</u>	Name (type or print): <u>Lynda Lezamiz Taber</u>	Title: <u>manager</u>
Signature: 	Date: <u>12-31-16</u>				
Name (type or print): <u>Lynda Lezamiz Taber</u>	Title: <u>manager</u>				

Issued 12/29/2016 by KAH
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