No. W 12188		Due no later than Jun 30, 2015		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		TIMOTHY STOVER 905 SHOSHONE ST N				
		1. Mailing Address: Correct in this box if needed. HIGH PLAINS DAIRY, L.L.C. TIMOTHY J STOVER PO BOX 1428 TWIN FALLS ID 83303-1428			TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
					3. INCOM Registered Agent Signature.			
4. Limited Liability Compan	ies: Enter Na	mes and Addresses of at I	least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER DAVID CHAR		RLES GANDOLFO	P.O. BOX 780		CASTLEFORD	ID		83321
MEMBER	DAVID CHARLES GANDOLFO FAMILY TRUST		1268 HIGHLAND RD		SANTA INEZ	CA		93460
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 12188		Signature: Timothy J. Stover		Date: 05/05/2015				
		Name (type or print): Timothy J. Stover		Title: Registered Agent				
Processed 05/05/2015 * Electronically provided signatures are accepted as original signatures.								