No. C 195358 Return to:		Due no later than Jul 31, 2015 Annual Report Form		2. Registered A	2. Registered Agent and Address (NO PO BOX) BURKE NEELY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. NEELY LIVESTOCK NUTRITION, INC. BURKE NEELY 23535 CANYON LN CALDWELL ID 83607		CALDWELL	23535 CANYON LN CALDWELL ID 83607 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Corporations: Enter Na	mes and Busin	ess Addresses of Pre	sident, Secretary, and Directors. Trea	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR DIRECTOR SECRETARY PRESIDENT	BURKE MORRISON NEELY CRETARY TIFFANY ANNE NEELY		23535 CANYON LANE 23535 CANYON LANE 23535 CANYON LANE 23535 CANYON LANE	CALDWELL CALDWELL CALDWELL CALDWELL	ID ID ID ID	USA USA USA USA	83607 83607 83607 83607	
5. Organized Under the Laws of: ID		6. Annual Report must be signed.* Signature: Tiffany Neely			Date: 06/09/2015			
C 195358 Processed 06/09/2015		Name (type or print): Tiffany Neely * Electronically provided signatures are accepted as original signatures.						