No. <b>C 183357</b>		Due no later than Jun 30, 2015		2. Registered Agent and Address (NO PO BOX)									
Return to:		Annual Report Form		TERESA TVERDY 630 ADDISON AVE. W. SUITE 1600 TWIN FALLS ID 83301  3. New Registered Agent Signature:*									
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  MAGIC VALLEY DAIRY HEIFER REPLACEMENT PROGRAM, INC. TERESA TVERDY 630 ADDISON AVE. W. SUITE 1600 TWIN FALLS ID 83301 USA											
								NO FILING FEE IF RECEIVED BY DUE DATE					
4. Corporations: Enter Na	mes and Busin									ess Addresses of Presi	dent, Secretary, and Directors. Treasurer	(optional).	
Office Held	Name								Street or PO Address	City	State	Country	Postal Code
DIRECTOR	DEAN ALLEN		4286 N.2500 E.	FILER	ID	USA	83328						
TREASURER CHRIS JACKSON		SON	392 N. 300 E.	JEROME	ID	USA	83338						
PRESIDENT ALVINA KRAL		L	19611 HWY 30	BUHL	ID	USA	83316						
SECRETARY TERESA TVERDY		ERDY	630 ADDISON AVE. W. SUITE 1600	TWIN FALLS	ID	USA	83301						
5. Organized Under the Laws of:		6. Annual Report must be signed.*											
ID C 183357		Signature: Teresa Tverdy		Date: 04/23/2015									
		Name (type or prin	Title: Secretary										
Processed 04/23/2015		* Electronically provided signatures are accepted as original signatures.											