

| No. <b>W 11037</b><br>Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT<br/>FEE DUE: \$30.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Reinstatement Annual Report Form<br/>ADMIN DISSOLVED 05/05/2010</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>ZOLLINGER DAIRY, LLC<br>THALES ZOLLINGER<br>226 S 550 E<br>BURLEY ID 83318           |                      | <b>2. Registered Agent and Office (NOT A P.O. BOX)</b><br>THALES ZOLLINGER<br>226 S 550 E<br>BURLEY ID 83318 |                                    |                        |                                               |                      |             |           |                     |             |        |    |     |       |        |  |  |  |  |  |  |           |                     |               |  |  |  |  |        |  |  |  |  |  |  |                                                   |  |
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| <b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.</b><br><table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Thales P. Zollinger</td> <td>226 S 550 E</td> <td>Burley</td> <td>Id</td> <td>USA</td> <td>83318</td> </tr> <tr> <td>Member</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Vice Pres</td> <td>Bonnie J. Zollinger</td> <td>same as above</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Member</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                                                                                                 | Office Held          | Name                                                                                                         | Street or PO Address               | City                   | State                                         | Country              | Postal Code | President | Thales P. Zollinger | 226 S 550 E | Burley | Id | USA | 83318 | Member |  |  |  |  |  |  | Vice Pres | Bonnie J. Zollinger | same as above |  |  |  |  | Member |  |  |  |  |  |  | <b>3. New Registered Agent Signature.</b><br><br> |  |
| Office Held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Name                                                                                                                                                                                                                            | Street or PO Address | City                                                                                                         | State                              | Country                | Postal Code                                   |                      |             |           |                     |             |        |    |     |       |        |  |  |  |  |  |  |           |                     |               |  |  |  |  |        |  |  |  |  |  |  |                                                   |  |
| President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Thales P. Zollinger                                                                                                                                                                                                             | 226 S 550 E          | Burley                                                                                                       | Id                                 | USA                    | 83318                                         |                      |             |           |                     |             |        |    |     |       |        |  |  |  |  |  |  |           |                     |               |  |  |  |  |        |  |  |  |  |  |  |                                                   |  |
| Member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                 |                      |                                                                                                              |                                    |                        |                                               |                      |             |           |                     |             |        |    |     |       |        |  |  |  |  |  |  |           |                     |               |  |  |  |  |        |  |  |  |  |  |  |                                                   |  |
| Vice Pres                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Bonnie J. Zollinger                                                                                                                                                                                                             | same as above        |                                                                                                              |                                    |                        |                                               |                      |             |           |                     |             |        |    |     |       |        |  |  |  |  |  |  |           |                     |               |  |  |  |  |        |  |  |  |  |  |  |                                                   |  |
| Member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                 |                      |                                                                                                              |                                    |                        |                                               |                      |             |           |                     |             |        |    |     |       |        |  |  |  |  |  |  |           |                     |               |  |  |  |  |        |  |  |  |  |  |  |                                                   |  |
| <b>5. Organized Under the Laws of:</b><br><br>IDAHO<br>W 11037                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>6.</b><br><table border="1"> <tr> <td>Signature: <u>Bonnie Zollinger</u></td> <td>Date: <u>5-20-2010</u></td> </tr> <tr> <td>Name (type or print): <u>Bonnie Zollinger</u></td> <td>Title: <u>Member</u></td> </tr> </table> |                      |                                                                                                              | Signature: <u>Bonnie Zollinger</u> | Date: <u>5-20-2010</u> | Name (type or print): <u>Bonnie Zollinger</u> | Title: <u>Member</u> |             |           |                     |             |        |    |     |       |        |  |  |  |  |  |  |           |                     |               |  |  |  |  |        |  |  |  |  |  |  |                                                   |  |
| Signature: <u>Bonnie Zollinger</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date: <u>5-20-2010</u>                                                                                                                                                                                                          |                      |                                                                                                              |                                    |                        |                                               |                      |             |           |                     |             |        |    |     |       |        |  |  |  |  |  |  |           |                     |               |  |  |  |  |        |  |  |  |  |  |  |                                                   |  |
| Name (type or print): <u>Bonnie Zollinger</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Title: <u>Member</u>                                                                                                                                                                                                            |                      |                                                                                                              |                                    |                        |                                               |                      |             |           |                     |             |        |    |     |       |        |  |  |  |  |  |  |           |                     |               |  |  |  |  |        |  |  |  |  |  |  |                                                   |  |