

No. <b>W 6519</b>	<b>Due no later than Jul 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> IRENE VANDERVEGT 4098 HIDDEN LAKE DR KIMBERLY ID 83341																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> VALLEY VIEW DAIRY, L.L.C. IRENE VANDERVEGT 4098 HIDDEN LAKE DR KIMBERLY ID 83341		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Irene VanderVegt</td> <td>4098 Hidden Lake Dr.</td> <td>Kimberly</td> <td>Id.</td> <td></td> <td>83341</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Steve VanderVegt</td> <td>369 N. 1250 W.</td> <td>Paul,</td> <td>Id.</td> <td></td> <td>83344</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Irene VanderVegt	4098 Hidden Lake Dr.	Kimberly	Id.		83341	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Steve VanderVegt	369 N. 1250 W.	Paul,	Id.		83344	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">                     IDAHO                      W 6519                 </div>	6. Signature: <u>Irene VanderVegt</u> Name (type or print): <u>Irene VanderVegt</u> Date: <u>5-29-17</u> Title: _____																																					