

No. W 65524		Reinstatement Annual Report Form ADMIN DISSOLVED 11/14/2013		2. Registered Agent and Office (NOT A P.O. BOX) LARRY BULL 545 NORTH 100 WEST JEROME ID 83338	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. DAIRY REPLACEMENT SOLUTIONS, LLC <del>MICHELLE L BULL</del> <del>545 N 100 WEST</del> PO Box 5064 JEROME ID 83338 Turn Falls, ID 83301		3. <u>New</u> Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager or Member		Name		Street or PO Address City State Country Postal Code	
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>		Larry Bull		545 N 100W Jerome ID Jerome 83301	
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of:		6.		Date:	
IDAHO W 65524		Signature: <u>Larry Bull</u>		<u>9/17/14</u>	
		Name (type or print): <u>Larry Bull</u>		Title: <u>Owner</u>	
Issued 09/17/2014 by online					

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 3:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office